

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 375160**

1. Entity Name

BLOUNTSTOWN MOTORS, INCORPORATED**FILED****Apr 28, 2000 8:00 am**
Secretary of State

04-28-2000 90019 026 ***150.00

Principal Place of Business

Mailing Address

**120 SOUTH MAIN STREET
BLOUNTSTOWN FL 32424****120 SOUTH MAIN STREET
BLOUNTSTOWN FLA 32424-2107**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1323550

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASON, MARGIE C. LYTLE
101 MASON RD.
BLOUNTSTOWN FL 32424**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STV	<input type="checkbox"/> Delete
NAME	MASON, MARGIE C.	
STREET ADDRESS	101 MASON RD.	
CITY-ST-ZIP	BLOUNTSTOWN, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MASON, RONALD F	
STREET ADDRESS	102 MASON RD.	
CITY-ST-ZIP	BLOUNTSTOWN, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYTLE, FLOYD A	
STREET ADDRESS	RT 1 BOX 360	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**April 20, 2000**

Date

850-674-5462

Daytime Phone #

C.F. | 034 (9/99)