

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 375160

1. Entity Name

BLOUNTSTOWN MOTORS, INCORPORATED

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90057 029 ***150.00

Principal Place of Business

120 SOUTH MAIN STREET
BLOUNTSTOWN FL 32424

Mailing Address

120 SOUTH MAIN STREET
BLOUNTSTOWN FL 32424

2. Principal Place of Business

17178 Main Street South

3. Mailing Address

17178 Main Street South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Blountstown, Fl. 32424

City & State

Blountstown, Fl. 32424

4. FEI Number

59-1323550

Applied For

Not Applicable

Zip

32424

Country

USA

Zip

32424

Country

USA

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

Name

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

City

FL

Zip Code

MASON, MARGIE C. LYLE
101 MASON RD.
BLOUNTSTOWN FL 32424

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, 2001 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	LYLE, FLOYD A	
STREET ADDRESS	RT 1 BOX 360	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Margie C. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 2001

Date

850674-5462

Daytime Phone #

CR2E034 (10/00)