

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 386657

1. Entity Name

HAINES CITY AUTO SUPPLY INC.

Principal Place of Business

905 INGRAHAM AVE
P O BOX 1657
HAINES CITY FLA 33845-1657
US

Mailing Address

P. O. BOX 1657
HAINES CITY FL 33845
US

2. Principal Place of Business

905 Ingraham Ave
Suite, Apt. #, etc.

3. Mailing Address

905 Ingraham Ave
Suite, Apt. #, etc.

City & State

Haines City FL

Zip
33844

Country

POLK

City & State

Haines City FL

Zip

33844

Country

POLK

4. FEI Number

59-1356665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMART, GENE A
901 EDMUND AVE
HAINES CITY, FL
DUNDEE FL 33838

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SMART, GENE A
STREET ADDRESS 901 EDMUND AVE
CITY-ST-ZIP DUNDEE FL 33838 ☐ Delete

TITLE STD
NAME SMART, PATRICIA J
STREET ADDRESS 901 EDMUND AVE
CITY-ST-ZIP DUNDEE FL 33838 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

863-422-4957

0531120

CR2E034 (10/00)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90604 039 ***150.00



DO NOT WRITE IN THIS SPACE

D# 386657

Please Note Change
of Mailing Address
We no longer use
A. Post office Box

Thanks
Gene Supt