

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 483246

1. Entity Name

ALL AMERICAN AUTO CENTER, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90034 006 ***150.00

Principal Place of Business

Mailing Address

7300 SUN ISLAND DR. #1801 (33707)
P.O. BOX 66857
ST. PETERSBURG BCH FL 33736

7300 SUN ISLAND DR. #1801 (33707)
P.O. BOX 66857
ST. PETERSBURG BCH FL 33736-6857

2. Principal Place of Business

3. Mailing Address

7300 Sun Island Dr
Suite, Apt. #, etc.
#1801

P.O. Box 66944
Suite, Apt. #, etc.

City & State
South Pasadena FL

City & State
St Pete Beach FL

Zip Country
33707-1313 Pinellas

Zip Country
33736 Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1613080

Applied For
Not Applicable

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

HANSON, ROBERT V SR
7300 SUN ISLAND DR 1801
ST PETERSBURG FL 33707

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD HANSON, ROBERT V SR 7300 SUN ISLAND DR 1801 ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HANSON, LYNDIA L. 7300 SUN ISLAND DR 1801 ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

Robert V. Hanson Sr. 4-24-00 327-360-2808

CR2E034 (9/99)