

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 494160

1. Entity Name

OKALOOSA LOW PRICED CARS, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90168 024 \*\*\*150.00

Principal Place of Business

208 RACETRACK RD  
FT. WALTON BEACH FL 32547  
US

Mailing Address

208 RACETRACK RD  
FT. WALTON BEACH FL 32547  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1637369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, JAMES S.  
500 EGLIN PKWY., N.E.  
FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

JENKINS, JAMES S

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

208 N.E. RACETRACK RD

City

FORT WALTON BCH., FL

Zip Code

32547

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

LONGENECKER, RODNEY L.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-2000

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

TITLE ☐ Delete

NAME JENKINS, JAMES S  
STREET ADDRESS 106 TROY CIRCLE  
CITY-ST-ZIP FT. WALTON BCH. FL

TITLE ☒ Delete

NAME LONGENECKER, RODNEY  
STREET ADDRESS 2245 FOLVA DRIVE  
CITY-ST-ZIP NAVARRE FL

TITLE ☐ Delete

NAME JENKINS, LENNIS M  
STREET ADDRESS 106 TROY CIRCLE  
CITY-ST-ZIP FT. WALTON BCH. FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME RODNEY L. LONGENECKER  
STREET ADDRESS 1006 FAY DRIVE  
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

RODNEY L. LONGENECKER

1-13-2000

(850)

862-5955

CR2E034 (9/99)