

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 500054

1. Entity Name

AIRPORT AUTO BROKERS, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90028 020 ***150.00

Principal Place of Business

Mailing Address

12295 B AUTOMOBILE BLVD.
CLEARWATER FL 34622

12295 B AUTOMOBILE BLVD.
CLEARWATER FL 33762-4968

2. Principal Place of Business

3. Mailing Address

11501 - 47th St. No.

11501 - 47th St. No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, Fl

City & State

Clearwater, Fl.

Zip

33762

Country

Pinellas

Zip

33762-4968

Country

Pinellas

4. FEI Number

59-1665297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUEHLER, GERALD M.
15 MARINA TERRACE
TREASURE ISLAND FL 33706

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, 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	P	<input type="checkbox"/> Delete
NAME	BUEHLER, GERALD M	
STREET ADDRESS	15 MARINA TERRACE	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUEHLER, JUDITH L	
STREET ADDRESS	15 MARINA TERRACE	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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: *Judith L. Buehler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH L. Buehler 1/26/00

Date 727-572-4467 Daytime Phone #