

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 510827

1. Entity Name

AUTOMOTIVE DISCOUNT STORES INC.

Principal Place of Business

Mailing Address

1936 1ST AVE So.

ST PETERSBURG, FL 33712

2. Principal Place of Business

1936 1ST AVE So.

Suite, Apt. #, etc.

3. Mailing Address

1936 1ST AVE So.

Suite, Apt. #, etc.

City & State  
ST PETERSBURG FL

City & State  
ST PETERSBURG FL

4. FEI Number 59-1688344

Applied For  
Not Applicable

Zip  
33712

Country  
U.S.A.

Zip  
33712

Country  
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARD R. PETERS

2200 34th AVEN.

ST PETERSBURG FL 3371

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/00

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 PRESIDENT & V. PRESIDENT ☐ Delete  
NAME EDWARD R. PETERS  
STREET ADDRESS 2200 34th AVE N.  
CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE ~~SECRETARY & TREASURER~~ ☐ Delete  
NAME ~~MADELEINE L. PETERS~~  
STREET ADDRESS ~~10600 4th ST N. APT 904~~  
CITY-ST-ZIP ~~ST PETERSBURG FL 33716~~

TITLE SECRETARY & TREASURER ☐ Delete  
NAME MADELEINE L. PETERS  
STREET ADDRESS 10600 4th ST N. APT 904  
CITY-ST-ZIP ST PETERSBURG FL 33716

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  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

Daytime Phone #

CR2E034 (9/99)