

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90047 008 ***150.00

DOCUMENT # 646954

1. Entity Name

MALZ BROTHERS AUTO SALES, INC.

Principal Place of Business

% KEITH ALLEN MALZ
3399 EAST GULF TO LAKE HIGHWAY
INVERNESS FL 34453
US

Mailing Address

% KEITH ALLEN MALZ
3399 EAST GULF TO LAKE HIGHWAY
INVERNESS FL 34453
US

2. Principal Place of Business

3618 E. Kerry Lane
 Suite, Apt. #, etc.

3. Mailing Address

3618 E. Kerry Lane
 Suite, Apt. #, etc.

City & State

Inverness, FL

City & State

Inverness, FL

4. FEI Number

59-1956364

Applied For

Not Applicable

Zip

34452

Country

US

Zip

34452

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MALZ, KEITH ALLEN
3399 EAST GULF TO LAKE HIGHWAY
INVERNESS FL 34453

7. Name and Address of New Registered Agent

Name

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

3618 E. Kerry Lane

City

Inverness

FL

Zip Code
34452

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

ELEONORE MALZ **ELEONORE MALZ, SECRETARY** **02-25-02**

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, 2002 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 **STD** ☐ Delete
 NAME **MALZ, ELEONORE**
 STREET ADDRESS **3618 E. KERRY LN.**
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **PD** ☐ Delete
 NAME **MALZ, KEITH ALLEN**
 STREET ADDRESS **3618 E. KERRY LANE**
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 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

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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:

ELEONORE MALZ **ELEONORE MALZ** **02-25-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)