

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 659234

1. Entity Name  
WILLARD MAYS AUTO SALES, INC.

**FILED**  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90109 005 \*\*\*150.00

Principal Place of Business

400 W. NORTH PARK STREET  
OKEECHOBEE FL 34972  
US

Mailing Address

400 W NORTH PARK STREET  
OKEECHOBEE FL 34972  
US

854846



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

108 SE 5th Ave  
Suite, Apt. #, etc.

3. Mailing Address

108 SE 5th Ave  
Suite, Apt. #, etc.

City & State

Okeechobee FL  
Zip 34974 Country

City & State

Okeechobee FL  
Zip 34974 Country

4. FEI Number

59-2132910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAYS, WILLARD  
502 N. PARROTT AVENUE  
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name Willard Mays  
Street Address (P.O. Box Number is Not Acceptable)  
108 SE 5th Ave  
City Okeechobee FL Zip Code 34974

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

*Janet Mays*

Janet Mays

VPS

4-24-02

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 NAME STREET ADDRESS CITY-ST-ZIP	P MAYS, WILLARD 400 W NORTH PARK STREET OKEECHOBEE FL 34972	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MAYS, JANET 400 W NORTH PARK STREET OKEECHOBEE FL 34972	<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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

*Janet Mays* Janet Mays

4-24-02

863-763-0277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)