2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # F68901** 1. Entity Name SUNCOAST AUTO BROKERS, INC. 04-12-2001 90665 001 *1.800.00 Principal Place of Business Mailing Address 5200 S. WASHINGTON AVENUE 5200 S. WASHINGTON AVENUE TITUSVILLE FL 32780 TITUSVILLE FL 32780 36541 2. Principal Place of Business 3. Mailing Address 75 Crispin 75 Crispia Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2165180 merrittI Not Applicable USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SMITH, GARY R 5200 S. WASHINGTON AVENUE TITUSVILLE FL 32780 prose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name itity submi SIGNAT FILE NOW!!! FEE IS \$150.00 ration is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE Delete NAME SMITH, GARY R NAME STREET ADDRESS 5200 S. WASHINGTON AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information sup ed with this filing does Typy signature shall have the same legal effect as if made under oath; that I am an officer or director or as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or suppleme of the corporation or the receiver or changed, or on an attachment w