

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000700

1. Entity Name
DEALS ON WHEELS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90024 048 ***158.75

Principal Place of Business

Mailing Address

5145 RIDGEWOOD AVE
PORT ORANGE FL 32127

5145 RIDGEWOOD AVE
PORT ORANGE FL 32127-6234

2. Principal Place of Business

3. Mailing Address

1804 Hibiscus DR.
Suite, Apt. #, etc.
OWE 5

Box 728
Suite, Apt. #, etc.

City & State

City & State

EDGEWATER FL

EDGEWATER FL

Zip
32132

Country
VOCUSIA

Zip
32132

Country
VOCUSIA

4. FEI Number 16-1438480

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONRAD, RAYMOND B
928 TALLPINE DRIVE
PORT ORANGE FL 32127

Name
RAYMOND B CONRAD

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

Box 728

City
EDGEWATER FL Zip Code
32132

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 *Raymond B Conrad*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/5/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONRAD, RAYMOND B 928 TALLPINE DR PORT ORANGE FL 32127	<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
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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:

Raymond B Conrad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00 904 322 8814
Date Daytime Phone #

CR2E034 (9/99)