

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90071 046 ***150.00

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DOCUMENT # F99000004292

1. Entity Name

FRESH START AUTO SALES, INC.

Principal Place of Business

Mailing Address

**2165 RIVER BOULEVARD
JACKSONVILLE FL 32204**

**2165 RIVER BOULEVARD
JACKSONVILLE FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3530567**

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

**FAIRCHILD, RONALD D
1000 RIVERSIDE AVE., SUITE 500
JACKSONVILLE FL 32204**

Name **Lynch, William B.**

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

9938 CLELSEA LAKE RD.

City **JACKSONVILLE** **FL** **32256**

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 William B. Lynch **PTCD** William B. Lynch **3/26/02**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTCD	LYNCH, WILLIAM B	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9938 CLELSEA LAKE ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	
VSD	LYNCH, ROBERT P	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2111 CAMERON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA 31707	CITY-ST-ZIP	
D	BISPLINGHOFF, BOB	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2165 RIVER BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	CITY-ST-ZIP	
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		STREET ADDRESS	
		CITY-ST-ZIP	
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		STREET ADDRESS	
		CITY-ST-ZIP	
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		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: Robert P. Lynch **3/26/02** **9043848501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)