2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

HOLLY G-GREATWOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED **DOCUMENT # G13826** Jan 18, 2000 8:00 am Secretary of State DAVIS AUTO SALES, INC. 01-18-2000 90109 023 ***150.00 Principal Place of Business Mailing Address 1121 14TH ST. W. 1121 14TH ST. W. **BRADENTON FL 34205** BRADENTON FL 34205-6649 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2244536 Not Applicable Country Country Zip Zip \$8.75 Additional -5.-Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLY G GREATWOOD DAVIS DANA E Street Address (P.O. Box Number is Not Acceptable) $1121 \ 14th \ ST \ W$ 1121 14TH ST. W. **BRADENTON FL 34205** Zip Code 34205 BRADENTON 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 01/06/00 SIGNATURE This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DP ☐ Change ☐ Delete ☐ Addition TITLE TITLE DAVIS, DANA E NAME NAME 5405 7TH AVE DR W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 00000 34209 ☐ Addition ☐ Delete TITLE Change GREATWOOD, JEFFREY L NAME STREET ADDRESS 5332 88TH ST. W STREET ADDRESS BRADENTON FL. 34210 CITY_ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE GREATWOOD, HOLLY G NAME STREET ADDRESS 5332 88TH ST W. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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