

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H43274

1. Entity Name

DEALER'S CHOICE BOOKS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90018 029 ***150.00

Principal Place of Business

6239 TOWER RD.
LAND O LAKES FL 34639-0710
US

Mailing Address

6239 TOWER RD.
LAND O LAKES FL 34639-3140
US

2. Principal Place of Business

ABOVE

3. Mailing Address

P.O. Box 710

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2594039

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

NO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREPS, ROBERT H.
6239 TOWER RD
LAND O LAKES FL 34639

Name

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

City

FL

Zip Code

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

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, 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	P	<input type="checkbox"/> Delete
NAME	CREPS, ROBERT H.	
STREET ADDRESS	6239 TOWER RD	
CITY-ST-ZIP	LAND O' LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 H. Creps*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 7, 2000 813-996-6599
Date Daytime Phone #

CR2E034 (9/99)