

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 23 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **105637**

1. Entity Name **H&W Used Cars Inc.**

Principal Place of Business **3520 NW 63 St Gainesville FL 32607**

Mailing Address **24 NW 65 Terr Gainesville FL 32607**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State **Gainesville**

Zip **32607** Country **FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2675783**

Applied For ☐ Not Applicable ☒

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Harold Cunningham**  
**3520 NW 63 St**  
**Gainesville FL 32607**

7. Name and Address of New Registered Agent

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]** DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE <b>P</b>	<b>Lorenzo Williams</b> <input type="checkbox"/> Delete
NAME	<b>2430 NW 65 Terr</b>
STREET ADDRESS	<b>Gainesville FL 32607</b>
CITY-ST-ZIP	
TITLE <b>V</b>	<b>Harold Cunningham</b> <input type="checkbox"/> Delete
NAME	<b>425 NW 80 Blvd</b>
STREET ADDRESS	<b>Gainesville FL 32606</b>
CITY-ST-ZIP	
TITLE <b>S</b>	<b>Deborah Cunningham</b> <input type="checkbox"/> Delete
NAME	<b>804 SW 54 Terr</b>
STREET ADDRESS	<b>Gainesville FL 32606</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>800003195246--2</b>
STREET ADDRESS	<b>-04/04/00--01066--025</b>
CITY-ST-ZIP	<b>****150.00 ****150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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
NAME	
STREET ADDRESS	
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: **[Signature]** DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)