

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J53117

1. Entity Name

TIME MOTOR SALES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90247 037 ***150.00

Principal Place of Business

4336 TAMiami TRAIL
UNIT 1
CHARLOTTE HARBOR FL 33980-2122

Mailing Address

4336 TAMiami TRAIL
UNIT 1
CHARLOTTE HARBOR FL 33949-2808

2. Principal Place of Business

25300 MARION AVE E.

3. Mailing Address

P.O. Box 2808

Suite, Apt. #, etc.

Punta Gorda

Suite, Apt. #, etc.

PC Charlotte

City & State

FL

City & State

FL

Zip

33950

Country

USA

Zip

33949-2808

Country

U.S.A

4. FEI Number

59-2757334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARLES E. FLEEMAN
4336 TAMiami TRAIL
UNIT 1
CHARLOTTE HARBOR FL 33950

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Charles E. Fleeman 1-11-2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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 PST
NAME FLEEMAN, CHARLES E.
STREET ADDRESS 1468 PULASKI ST.
CITY-ST-ZIP PT. CHARLOTTE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Fleeman 1-11-2000 941-639-4900

Date

Daytime Phone #

CR2E034 (9/99)