

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J60681

1. Entity Name

BAIRD'S AUTO SALES, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90059 027 \*\*\*150.00

Principal Place of Business

Mailing Address

~~960 SOUTH US-1~~  
~~FORT PIERCE FL 34960~~

~~900 SOUTH US 1~~  
~~FORT PIERCE FL 34950-5103~~

2. Principal Place of Business

3018 N. U.S. #1

3. Mailing Address

3018 N. U.S. #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

Zip

34946

Country

Zip

34946

Country

4. FEI Number

59-1880346

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

STANTON, JOHN P.  
4515 S FEDERAL HWY  
FORT PIERCE FL 34982

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

*Polly Baird*

1-15-00

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 DP ☐ Delete  
NAME BAIRD, ROGER  
STREET ADDRESS ~~960 SOUTH US-1~~  
CITY-ST-ZIP FORT PIERCE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3018 N. U.S. 1  
CITY-ST-ZIP 34946

TITLE DST ☐ Delete  
NAME BAIRD, POLLY  
STREET ADDRESS ~~900 S US 1~~  
CITY-ST-ZIP FT PIERCE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3018 N. U.S. 1  
CITY-ST-ZIP 34946

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Polly Baird*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00  
Date

(561) 461-6862  
Daytime Phone #

CR2E034 (9/99)