

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J91310

1. Entity Name

VOLUSIA SCHWINN AUTO SALES, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90014 033 ***150.00

Principal Place of Business

Mailing Address

2 CYPRESS VIEW TR
ORMOND BCH FL 32174
US

2 CYPRESS VIEW TR
ORMOND BCH FL 32174-8295
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2890326

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

WESTFALL, RICHARD L
3132 RIDGEWOOD AVE
SOUTH DAYTONA FL 32019

Name

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

2 Cypress View Tr

City

Ormond Beach

FL

Zip Code

32174

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 ☐ Delete
NAME D
STREET ADDRESS WESTFALL, RICHARD L.
CITY-ST-ZIP 3132 S. RIDGEWOOD AVE.
SOUTH DAYTONA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2 Cypress View Tr
CITY-ST-ZIP Ormond Bch FL 32174

TITLE ☐ Delete
NAME ST
STREET ADDRESS WESTFALL, JUDITH
CITY-ST-ZIP 3132 RIDGEWOOD AVE
S. DAYTONA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2 Cypress View Tr
CITY-ST-ZIP Ormond Bch FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

JUDITH A. WESTFALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00 904 673345

Date

Daytime Phone #

CR2E034 (9/99)