

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90027 017 ***155.00

DOCUMENT # K04616

1. Entity Name

AUTO FINANCE SERVICES OF LEE COUNTY, INC.

Principal Place of Business

**8 TANGERINE CT.
 LEHIGH ACRES FL 33936
 US**

Mailing Address

**8 TANGERINE CT
 LEHIGH ACRES FL 33936
 US**

2. Principal Place of Business

Joyce Allen Midtown Motors

3. Mailing Address

P.O. Box 547

Suite, Apt. #, etc.

775 SR 29 SOUTH

Suite, Apt. #, etc.

City & State

FELDA

City & State

FELDA

Zip

33930

Country

FLA, U.S.A.

Zip

33930

Country

FLA, USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0044618

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REYNOLDS, A-B JR
 801 W LEELAND HGTS BLVD
 LEHIGH ACRES FL 33936**

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

Geoffrey T. Hukin

18 JAN 02

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, 2002 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** ☐ Delete
 NAME **HUKIN, GEOFFREY T.**
 STREET ADDRESS **8 TANGERINE CT**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **D** ☐ Delete
 NAME **HUKIN, GEOFFREY T**
 STREET ADDRESS **8 TANGERINE CT**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

Geoffrey T. Hukin

18 JAN 02 (863) 675-6105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)