

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K17832

1. Entity Name

AUTO CREDIT OF FLORIDA, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90133 017 ***150.00

Principal Place of Business

Mailing Address

701 FISK ST
SUITE 310
JACKSONVILLE FL 32204

701 FISK ST
SUITE 310
JACKSONVILLE FL 32204-3343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2877915**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WIKER, PAMELA
701 FISK ST
JACKSONVILLE FL 32204

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

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 | D | <input type="checkbox"/> Delete |
| NAME | GRAHAM, HENRY H. | |
| STREET ADDRESS | 701 FISK ST, SUITE 310 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WIMBERLY, GLYNN | |
| STREET ADDRESS | 4819 SAN JUAN AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | DC | <input type="checkbox"/> Delete |
| NAME | MATHENY, LAWRENCE M J | |
| STREET ADDRESS | 701 FISK ST, SUITE 200 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | KANE, WILLIAM H | |
| STREET ADDRESS | 701 FISK ST SUITE 200 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LONG, WILLIAM A | |
| STREET ADDRESS | 10024 N FLORIDA AVE | |
| CITY-ST-ZIP | TAMPA FL 33612 | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | | |
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| 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:

Lawrence M. Matheny, Jr.

Lawrence M. Matheny, Jr. 2/4/00 904-354-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)