

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90024 035 ***150.00

DOCUMENT # K27369**1. Entity Name**
DICK SMITH AUTOMOTIVE, INC.**Principal Place of Business**
1138 A 53RD COURT NO.
MANGONIA PARK FL 33407**Mailing Address**
1138 A 53RD COURT NO.
MANGONIA PARK FL 33407**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 59-2060001Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SMITH, DICK**
1138 A 53RD COURT NO.
MANGONIA PARK FL 33407**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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PS	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD DALE	
STREET ADDRESS	1138 A 53RD COURT NO.	
CITY-ST-ZIP	MANGONIA PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, VICKI L.	
STREET ADDRESS	1138 A 53RD COURT NO.	
CITY-ST-ZIP	MANGONIA PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORTES LUIS CARLOS ,	
STREET ADDRESS	1138 A 53 CT. NO.	
CITY-ST-ZIP	MANGONIA PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Richard D. Smith* **RICHARD D. SMITH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-01

Date

561 844 7712

Daytime Phone #

CR2E034 (10/00)