

2001 UNIFORM BUSINESS REPORT (UBR)

0028275
AF

DOCUMENT # L00000007205

1. Entity Name

BRUCE JONES AUTO SALES, L.C.

FILED

01 APR -6 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2550A 54TH AVENUE NORTH
ST. PETERSBURG FL 33714

Mailing Address

2550A 54TH AVENUE NORTH
ST. PETERSBURG FL 33714

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

59-3665119

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, BRUCE K

2550A 54TH AVENUE NORTH
ST. PETERSBURG FL 33714

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004009404--3
-04/16/01--01012--010
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME JONES, BRUCE K
STREET ADDRESS 513 89TH AVENUE N.
CITY-ST-ZIP ST. PETERSBURG FL 33702

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGR
NAME JONES, CAROLYNN
STREET ADDRESS 513 89TH AVENUE N.
CITY-ST-ZIP ST PETERSBURG FL 33702

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Bruce Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-2-01

Date

727 525 6614

Daytime Phone #

CR2E083 (11/00)