

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000010012**

1. Entity Name

PREISS-LESS AUTO SALES LLC

FILED

01 MAY 23 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**5804 MAKOMA DR
ONLando FL 32839**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **SSN(285-58-8930)**

Applied For

59-3666964

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEVE M PREISS
4715 DEVONSHIRE BLVD
PALM HARBOR FL 34685**

Name

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

275-96TH AVE N UNIT 6

City

ST PETERSBURG

FL

Zip Code

33702

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 **J. Gerard Cornea**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

April 11, 2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete
NAME **STEVE M PREISS**
STREET ADDRESS **4715 DEVONSHIRE BLVD**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Steve M Preiss**

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

4-1-01 727-480-5623

Date

Daytime Phone #

CR2E083 (11/00)