

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90078 048 \*\*\*150.00

**DOCUMENT # L26391**

1. Entity Name

**E Z AUTO SALES OF LAKE WALES, INC.**

Principal Place of Business

Mailing Address

983 HIGHWAY 27 NORTH  
 LAKE WALES FL 33853  
 US

983 HIGHWAY 27 NORTH  
 LAKE WALES FL 33853  
 US

2. Principal Place of Business

3. Mailing Address

71 US Hwy 27 North  
 Suite, Apt. #, etc.

71 US Hwy 27 North  
 Suite, Apt. #, etc.

City & State

City & State

LAKE WALES FLA

LAKE WALES FLA

Zip

Country

Zip

Country

33853

Polk

33853

Polk

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGGINS, GARY D  
 13 LAKE-ELOISE LN  
 WINTER HAVEN FL 33884

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

*Gary D Higgins* Gary D Higgins Pres.

3/21/00

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 PVD ☐ Delete  
 NAME HIGGINS, GARY D  
 STREET ADDRESS 13 LAKE ELOISE LN  
 CITY-ST-ZIP WINTER HAVEN FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Gary D Higgins* Gary D Higgins Pres. 3/21/00 8636286583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-E034 (9/93)