

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32568

1. Entity Name

BILLY NELSON AUTOMOTIVE, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90016 002 ***150.00

Principal Place of Business

Mailing Address

% BILLY NELSON
106 E. LINEBAUGH
TAMPA FL 33612

% BILLY NELSON
106 E. LINEBAUGH
TAMPA FL 33612-7421

639449



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 59-2980139

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

NELSON, BILLY
106 E. LINEBAUGH
TAMPA FL 33612

Name ELIUD DIAZ JR.
Street Address (P.O. Box Number is Not Acceptable)
13918 RAULERSON RD.
City RIVERVIEW FL Zip Code 33569

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

ELIUD DIAZ JR. Pres.
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 checked="" type="checkbox"/> Delete
NAME	NELSON, BILLY	
STREET ADDRESS	16112 W. LAKE BURRELL DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NELSON, JIMMY	
STREET ADDRESS	14806 DAISY LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIUD DIAZ JR.	
STREET ADDRESS	13918 RAULERSON RD.	
CITY-ST-ZIP	RIVERVIEW, FL. 33569	
TITLE	VICE PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY NELSON	
STREET ADDRESS	106 E LINEBAUGH AVE.	
CITY-ST-ZIP	TAMPA FL. 33612	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00

813-933-0230

CR2E034 (9/99)