

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
 03-22-2000 90010 017 ***150.00

DOCUMENT # L39812

1. Entity Name

A+ AUTO SALES AND SERVICE, INC.

Principal Place of Business

712 PINE ST.
 TAFT FL 32824
 US

Mailing Address

C/O PHIL LOVE
 3100 ORLEANS WAY
 APOPKA FL 32703-5921

2. Principal Place of Business

712 Pine St
 Suite, Apt. #, etc.

3. Mailing Address

712 Pine St
 Suite, Apt. #, etc.

City & State

TAFT FL

City & State

TAFT FL

4. FEI Number

59-2981348

Applied For

Not Applicable

Zip

32824

Country

Orange

Zip

32824

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVE, PHIL
 3100 ORLEANS WAY SOUTH
 APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Maxie Pontius

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

712 Pine St

City

TAFT

FL

Zip Code

32824

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

Maxie Pontius

3-24-00

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

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	LOVE, PHIL	
STREET ADDRESS	3100 ORLEANS WAY SOUTH	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PONTIUS, CHARLES	
STREET ADDRESS	712 PINE ST.	
CITY-ST-ZIP	TAFT FL 32824	
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		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	maxie PONTIUS	
STREET ADDRESS	712 Pine St	
CITY-ST-ZIP	TAFT FL 32824	
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		
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:

Maxie Pontius 3-24-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)