

2000 UNIFORM BUSINESS REPORT (UBR)

Am **APPROVED AND FILED**

00 MAY -2 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L50372

1. Entity Name

HANSELMAN AUTO SALES, INC.

Principal Place of Business

Mailing Address

C/O RICHARD G. HANSELMAN
2767 W. TENNESSEE ST.
TALLAHASSEE, FL 32304
US

SAME

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

59-6609430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 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

HANSELMAN, RICHARD G.
2767 W. TENNESSEE ST.
TALLAHASSEE, FL 32304

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

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

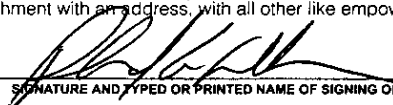
TITLE	P	<input type="checkbox"/> Delete
NAME	HANSELMAN, RICHARD G.	
STREET ADDRESS	2767 W. TENNESSEE ST.	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DEWEY E.	
STREET ADDRESS	2767 W. TENNESSEE ST.	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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

5-2-00

Date

(850) 576-6116

Daytime Phone #

CR2E034 (9/99)