

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L78402

1. Entity Name

BREED AUTOMOTIVE OF FLORIDA, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90024 009 ***150.00

Principal Place of Business

Mailing Address

5300 OLD TAMPA HWY
 LAKELAND FL 33811
 US

5300 OLD TAMPA HWY
 LAKELAND FL 33811
 US

2. Principal Place of Business

5300 Allen K. Breed Hwy.

3. Mailing Address

5300 Allen K. Breed Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL.

4. FEI Number

59-3014427

Applied For

Not Applicable

Zip

33811

Country

USA

Zip

33811

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOYD, STUART D ESQ
 5300 OLD TAMPA HWY
 LAKELAND FL 33811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 5300 Allen K. Breed Hwy.

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAPONE, ROBERT M	
STREET ADDRESS	5300 OLD TAMPA HWY	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SPERANZELLA, CHARLES J JR	
STREET ADDRESS	5300 OLD TAMPA HWY.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SALTARELLI, ROBERT	
STREET ADDRESS	5300 OLD TAMPA HWY	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUPTILL, LIZANNE	
STREET ADDRESS	5300 OLD TAMPA HWY	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STUART, BOYD D	
STREET ADDRESS	5300 OLD TAMPA HWY	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREED, JOHNNIE C	
STREET ADDRESS	5300 OLD TAMPA HWY	
CITY-ST-ZIP	LAKELAND FL 33811	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William G. Koerber	
STREET ADDRESS	5300 Allen K. Breed Hwy	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William G. King	
STREET ADDRESS	5300 Allen K. Breed Hwy	
CITY-ST-ZIP	Lakeland, FL 33811	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William G. Koerber	
STREET ADDRESS	5300 Allen K. Breed Hwy	
CITY-ST-ZIP	Lakeland, FL 33811	

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 empowerments.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lizanne Guptill, Secretary

3/21/00

Date

863-668-6388

Daytime Phone #

CR2E034 (9/99)