

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001227

1. Entity Name
AUTOBAGGER, L.C.

Principal Place of Business
120 W.G.T.O. TOWER ROAD
POLK CITY FL 33868

Mailing Address
P.O. BOX 642
LAKE ALFRED FL 33850-0642

APPROVED
AND
FILED

00 MAY -2 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

59-3553572

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDER, VICTORIA A
120 W.G.T.O. TOWER ROAD
POLK CITY FL 33868

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FELDER, VICTORIA A
120 W.G.T.O. TOWER ROAD
POLK CITY FL 33868 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400003259464--5
-05/19/00--01085--004
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FELDER, STEPHEN M
120 W.G.T.O. TOWER ROAD
POLK CITY FL 33868 ☐ Delete

TITLE
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Victoria A. Felder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

863-295-5985
863-956-2545

CR2E083 (9/99)