

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90087 048 ***150.00

0040582

DOCUMENT # L98271

1. Entity Name

TITO'S AUTO SALES, INC.

Principal Place of Business

**6810 NEBRASKA AVE
TAMPA FL 33604**

Mailing Address

**6810 NEBRASKA AVE
TAMPA FL 33604**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3355 Bearcat Ave

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

Country

33618

Country

US

4. FEI Number

59-3025514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANDERS, WALTER
13910 N. DALE MABRY HWY
SUITE ONE
TAMPA FL 33618**

7. Name and Address of New Registered Agent

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

Walter Sanders

Walter Sanders

4/10/01

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, 2001 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 **PT** ☐ Delete
NAME **AUGUSTINE, SIMON**
STREET ADDRESS **15005 LAUREL COVE CIRCLE**
CITY-ST-ZIP **ODESSA FL**

TITLE **VS** ☐ Delete
NAME **AUGUSTINE, CARMEN**
STREET ADDRESS **15005 LAUREL COVE CIRCLE**
CITY-ST-ZIP **ODESSA FL**

TITLE **D** ☐ Delete
NAME **AUGUSTINE, ULIK**
STREET ADDRESS **15005 LAUREL COVE CIRCLE**
CITY-ST-ZIP **ODESSA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2001

Date

813-237-1284

Daytime Phone #

CR2E034 (10/00)