

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009365**

1. Entity Name
FLORIDA CAR DEPOT, LC

FILED

01 MAY -4 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2008 7TH AVE WEST
PALMETTO FL 34221**

Mailing Address
**2008 7TH AVE WEST
PALMETTO FL 34221**

2. Principal Place of Business
815 21st Ave West
Suite, Apt. #, etc.

3. Mailing Address
PO Box 514
Suite, Apt. #, etc.

City & State
BRADENTON FL 34205

City & State
PALMETTO FL

4. FEI Number
65-0970955

Applied For
Not Applicable

Zip
34205

Country
U.S.A.

Zip
34220

Country
U.S.A.

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

**GEISLER, DAVID M
2008 7TH AVE WEST
PALMETTO FL 34221**

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.

(NOT) Registered Agent signature required when reinstating

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

**-05/31/01--01089--018
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MEMBER				
	Domenico Frank Borpara				
		5351 FOOT HAMER ROAD			
		PARISH, FL 34219			

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 **David M Geisler** **MANAGING MEMBER** **04/30/01** **941-746-7866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)