

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M69361**1. Entity Name
WORLD AUTO SALES, INC.**FILED**
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90037 011 ***158.75

Principal Place of Business

**13622 66TH ST N
LARGO FL 34641
US**

Mailing Address

**745 HARBOR ISLAND
CLEARWATER FL 33767
US**

2. Principal Place of Business

3. Mailing Address

1506 Whisper Wind Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OLDSMAR FL4. FEI Number **59-2883999**

Applied For

Not Applicable

Zip

Country

Zip

Country

34677**USA**5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINERT, RICHARD E.
745 HARBOR ISLAND
CLEARWATER BEACH FL 33767**

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 *Richard E. Weinert*
Signature typed or printed name of registered agent and title if applicable.*Richard E. Weinert*
(NOTE: Registered Agent signature required when reinstating)*3-15-01*
DATE9. 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 State10. 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	D	<input type="checkbox"/> Delete
NAME	WEINERT, RICHARD E.	
STREET ADDRESS	745 HARBOR ISLAND	
CITY-ST-ZIP	CLEARWATER BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weinert Richard E.	
STREET ADDRESS	1506 Whisper Wind Lane	
CITY-ST-ZIP	OLDSMAR FL 34677	
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		<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		

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: *Richard E. Weinert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Weinert

Date

Daytime Phone #

3-15-01

0424466

CR2E034 (10/00)