

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003977

1. Entity Name

CITRUS CARS OF POLK COUNTY, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90095 046 ****70.00

Principal Place of Business

205 E MAIN ST. STE 107
BARTOW FL 33830

Mailing Address

205 E MAIN ST. STE 107
BARTOW FL 33830-4613

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3528855

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARLAN, MARY ELIZABETH
205 E MAIN ST, STE 107
BARTOW FL 33830

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STEDEM, MICHAEL
STREET ADDRESS 3200 US HWY 17 NORTH
CITY-ST-ZIP FORT MEADE FL 33841

TITLE ☐ Delete
NAME D
CLARK, TOM
STREET ADDRESS 595 CYPRESS GARDENS BLVD
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ Delete
NAME STD
YOUNG, ELIZABETH
STREET ADDRESS PO BOX 3126 N/A
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Tom Clark
STREET ADDRESS 595 Cypress Gardens Blvd.
CITY-ST-ZIP Winter Haven, FL 33880

TITLE ☒ Change ☐ Addition
NAME Carl Strang
STREET ADDRESS P.O. Box 194
CITY-ST-ZIP Winter Haven, FL 33882

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

1/12/00 863-519-0100