

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2002 8:00 am**  
**Secretary of State**

02-08-2002 90008 024 \*\*\*150.00

**DOCUMENT # P00000015968**

**1. Entity Name**  
**SANDY SANSING USED CARS, INC.**

**Principal Place of Business**

**6200 PENSACOLA BLVD.**  
**PENSACOLA FL 32505**

**Mailing Address**

**6200 PENSACOLA BLVD.**  
**PENSACOLA FL 32505**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3643037**

Applied For

Not Applicable

**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**

**SANSING, ROBERT C**  
**6200 PENSACOLA BLVD.**  
**PENSACOLA FL 32505**

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

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE:** PT ☐ Delete  
**NAME:** SANSING, ROBERT C  
**STREET ADDRESS:** 6200 PENSACOLA BLVD.  
**CITY-ST-ZIP:** PENSACOLA FL 32505

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

**TITLE:** V ☐ Delete  
**NAME:** ADDISON, MICHAEL  
**STREET ADDRESS:** 5503 OAKMONT DRIVE  
**CITY-ST-ZIP:** PACE FL 32571

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

**TITLE:** S ☐ Delete  
**NAME:** PILEGGI, SUSAN  
**STREET ADDRESS:** 87 S. MADISON DRIVE  
**CITY-ST-ZIP:** PENSACOLA FL 32505

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

**TITLE:** ☐ Delete  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

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

**TITLE:** ☐ Delete  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

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

**TITLE:** ☐ Delete  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

**TITLE:** ☐ Change ☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Robert C. Sansing

1-17-02

800-476-2400

Daytime Phone #

CR2E034 (9/01)