

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024134

1. Entity Name

AUTO BUYING SERVICE, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90056 021 ***150.00

0384845

Principal Place of Business

Mailing Address

~~2219 RIVER RIDGE BLVD. S.E.~~

~~2219 RIVER RIDGE BLVD. S.E.~~

~~FORT MYERS FL 33905~~

~~FORT MYERS FL 33905~~

215 North Missouri St.
LaBelle, FL 33935

P.O. Box 285
LaBelle, FL 33975-0285

2. Principal Place of Business

3. Mailing Address

215 North Missouri St.

P.O. Box 285

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LaBelle, FL

LaBelle, FL

33935

Country

USA

33975-0285

Country

USA

4. FEI Number

65-0986350

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

BARNES, ROBERT W

~~2219 RIVER RIDGE BLVD. S.E.~~

~~FORT MYERS FL 33905~~

Name

Street Address (P.O. Box Number is Not Acceptable)

215 North Missouri St.

City LaBelle, FL

FL

33935

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]
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

PSTD
BARNES, ROBERT W
~~2219 RIVER RIDGE BLVD. S.E.~~
~~FORT MYERS FL 33905~~

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

215 North Missouri St.
LaBelle, FL 33935

TITLE
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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

Date

Daytime Phone #

(863) 202-5077

CR2E034 (10/00)