

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90123 012 ***150.00

DOCUMENT # P00000037354

1. Entity Name

ANCLOTE AUTO SALES, INC.

Principal Place of Business

**1756 ALTERNATE 19
 TARPON SPRINGS FL 34689**

Mailing Address

**1756 ALTERNATE 19
 TARPON SPRINGS FL 34689**

2. Principal Place of Business

35928 45 Hwy 19 N.

Suite, Apt. #, etc. PALM HARBOR, FL.

City & State

Zip 34684 Country USA

3. Mailing Address

35928 45 Hwy 19 N.

Suite, Apt. #, etc. PALM HARBOR, FL.

City & State

Zip 34684 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3637783

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GRIGORIS, TONY
 1756 ALTERNATE 19
 TARPON SPRINGS FL 34689**

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

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

TITLE: D GRIGORIS, TONY
NAME: 720 CRIMSON KING
STREET ADDRESS: TARPON SPRINGS FL 34689
☒ Delete

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

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

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

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STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Philip MARK HAYS
NAME: 2418 HOUNDS TRAIL
STREET ADDRESS: PALM HARBOR FL 34684
☐ Change ☒ Addition

TITLE: KATHRYN D. HAYS
NAME: 2418 HOUNDS TRAIL
STREET ADDRESS: PALM HARBOR FL 34684
☐ Change ☒ Addition

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

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

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

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

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:

Philip Mark Hays
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-02

727-488-2652

CR2E034 (9/01)