

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90055 017 \*\*\*150.00

**DOCUMENT # P00000045749**

1. Entity Name  
**BASS CAPITAL AUTO SALES, INC.**

Principal Place of Business      Mailing Address  
**309 SARATOGA CIR      P.O. BOX 146**  
**SATSUMA FL 32189-0146      SATSUMA FL 32189-0146**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**MOORE, HAROLD F**  
**309 SARATOGA CIR**  
**SATSUMA FL 32189-0146**

4. FEI Number      Applied For  
**59-3645503**      No: Applicable

5. Certificate of Status Desired      ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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

TITLE      PD      ☐ Delete  
 NAME      **MOORE, EDWARD**  
 STREET ADDRESS      **309 SARATOGA CIR**  
 CITY - ST - ZIP      **SATSUMA FL 32189-0146**

TITLE      VSTD      ☐ Delete  
 NAME      **MOORE, HAROLD F**  
 STREET ADDRESS      **309 SARATOGA CIR**  
 CITY - ST - ZIP      **SATSUMA FL 32189-0146**

TITLE      ☐ Delete  
 NAME  
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 CITY - ST - ZIP

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TITLE      ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE      ☐ Change      ☐ Addition  
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TITLE      ☐ Change      ☐ Addition  
 NAME  
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 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: *Harold Moore* **Harold Moore**      4-26-01      904-649-6636  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)