

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098221

1. Entity Name

FINISH LINE AUTO SALES INC.

Principal Place of Business
540 N. HWY. 434, STE. 109
ALTAMONTE SPRINGS FL 32714

Mailing Address
2102 CARRINGTON DR.
ORLANDO FL 32807

2. Principal Place of Business

2200 Forsyth Rd
Suite, Apt. #, etc.
H-8

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

Country

32807

US

4. FFI Number

59-3691380

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

LOPEZ, CHARLENE
2102 CARRINGTON DR.
ORLANDO FL 32807

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, 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 PD
NAME LOPEZ, MICHAEL
STREET ADDRESS 2102 CARRINGTON DR.
CITY-ST-ZIP ORLANDO FL 32807

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME LOPEZ, CHARLENE
STREET ADDRESS 2102 CARRINGTON DR.
CITY-ST-ZIP ORLANDO FL 32807

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-01 407-493-9961



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)