

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90147 002 ***150.00

DOCUMENT # P00000098221

1. Entity Name
FINISH LINE AUTO SALES INC



Principal Place of Business
2200 FORSYTH RD
SUITE H-8
ORLANDO FL 32807

Mailing Address
2102 CARRINGTON DR.
ORLANDO FL 32807



2. Principal Place of Business

2200 Forsyth Rd

3. Mailing Address

2

Suite, Apt. #, etc.

Suite A-20

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32807

Country

Orange

Zip

32807

Country

Orange

4. FEI Number

59-3691380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

LOPEZ, CHARLENE
2102 CARRINGTON DR.
ORLANDO FL 32807

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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STREET ADDRESS
CITY - ST - ZIP

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE *Charlene Lopez* **4-21-03** **4076792683**

CR2E034 (10/02)