

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098269

1. Entity Name
GATORVILLE AUTO, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90041 028 ***150.00

Principal Place of Business
**1550 N WALDO RD
GAINESVILLE FL 32641**

Mailing Address
**1550 N WALDO RD
GAINESVILLE FL 32641**

2. Principal Place of Business
1700 N. Main St.
Suite, Apt. #, etc.

3. Mailing Address
1700 N. Main St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
GAINESVILLE FL
Zip
32609
Country
USA

City & State
GAINESVILLE FL
Zip
32609
Country
USA

4. FEI Number
59-3678457

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

**KAYE, ALLAN H
5208 SW 91ST DR
GAINSEVILLE FL 32608**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D HESHMAT, ARDALAN
1550 N WALDO RD
GAINESVILLE FL 32641** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-01 (352)380-0033

CR2E034 (10/00)