

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90655 011 ***150.00

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DOCUMENT # P01000083110

1. Entity Name

LEMUEL'S AUTO SALES, INC.

Principal Place of Business

**1023 HOPKINS AVE
 TITUSVILLE FL 32790**

Mailing Address

**1023 HOPKINS AVE
 TITUSVILLE FL 32790**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3652888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DELONG, DONALD A
 1023 HOPKINS AVE
 TITUSVILLE FL 32790**

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 NAME	D ☐ Delete DELONG, DONALD A
STREET ADDRESS CITY-ST-ZIP	1023 HOPKINS AVE TITUSVILLE FL 32790
TITLE NAME	D ☐ Delete JOHNS, LEMUEL E
STREET ADDRESS CITY-ST-ZIP	1023 HOPKINS AVE TITUSVILLE FL 32790
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Donald A. Delong **DONALD A. DELONG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-02-02 - 1-3212681739

Date

Daytime Phone #

CR2E034 (9/01)