

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112905

1. Entity Name

F.S. AUTO CORP.

FILED
02 JUN 24 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 N. Tampa St. Ste 2300

Suite, Apt. #, etc.

3. Mailing Address

400 N. Tampa St. Ste 2300

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FLCity & State
Tampa, FL

4. FEI Number

59-3760728

Applied For

Not Applicable

Zip
33602Country
U.S.Zip
33602Country
U.S.5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
James W. GoodwinStreet Address (P.O. Box Number is Not Acceptable)
400 N. Tampa Street, Suite 2300City
Tampa, FL

FL

Zip Code
33602DO NOT WRITE
IN THIS SPACE

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 date if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
Steven Rabb
400 N. Tampa St., Ste 2300
Tampa, FL 33602

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Asst. Secretary
James W. Goodwin
400 N. Tampa St., Ste 2300
Tampa, FL 33602

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 (813) 273-4887

Date

Daytime Phone