

2006 FOR PROFIT CORPORATION

DOCUMENT # P05000141810

1. Entity Name

BUY & DRIVE NOW, INC.



FILED

06 NOV -2 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

10 NORMAN LANE
UNIT 3
AUBURNDALE FL 33823

Mailing Address

10 NORMAN LANE
UNIT 3
AUBURNDALE FL 33823

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

REINSTATEMENT

4/06

06

City & State

City & State

4. FEI Number

20-3653401

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CASTRO, PASCUAL
12813 LONGCREST DRIVE
RIVERVIEW FL 33569

HOME
146 AMBER BLVD
AUBURNDALE FL 33823

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 of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESENT

10/11/06

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CASTRO, PASCUAL
12813 LONGCREST DRIVE
RIVERVIEW FL 33569
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐ Change ☐ Addition
000081029560
10/19/06--01039--014 **550.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐ Change ☐ Addition
000081029560
11/02/06--01029--009 **200.00

TITLE
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Delete ☐ Change ☐ Addition

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Delete ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
Delete ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 address with all other the empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESENT

K. Eckel NOV 03 2006

Date

Daytime Phone #