

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002136

1. Entity Name

HAGAN MOTORS, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90030 049 ***150.00

Principal Place of Business

Mailing Address

6555 103RD ST
JACKSONVILLE FL 32210

~~927 ARTHUR MOORE DR~~
~~GREEN COVE SPRINGS FL 32043~~

00014902

2. Principal Place of Business

3. Mailing Address

6555 103rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32210 USA

4. FEI Number

59-3150095

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

JOHN F. TOLSON, JR
2301 PARK AVE, STE 406
ORANGE PARK FL 32073

Name

Samuel DeFranco

Street Address (P.O. Box Number is Not Acceptable)

1610 Mardis Place

Jacksonville

FL

City

FL

Zip Code

32205

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

Samuel DeFranco Pres

(NOTE: Registered Agent signature required when reinstating)

DATE

01/15/00

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, 2000 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 **P** ☒ Delete
NAME **HAGAN, CLEO W**
STREET ADDRESS **927 ARTHUR MOORE DR**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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

TITLE **VP** ☒ Delete
NAME **BURNS, VICKIE**
STREET ADDRESS **927 ARTHUR MOORE DR**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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

TITLE **ST** ☒ Delete
NAME **BURNS, MICHAEL A**
STREET ADDRESS **927 ARTHUR MOORE DR**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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

TITLE **P** ☐ Delete
NAME **Samuel DeFranco**
STREET ADDRESS **1610 Mardis Place**
CITY-ST-ZIP **Jax, FL 32205**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 15 00 9045731537

Date

Daytime Phone #