

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004193

1. Entity Name

SUN COAST UNDERCAR WAREHOUSE, INC.

Principal Place of Business: C/O INSTALLERS EXPRESS, UNIT #11, FORT MYERS FL 33901, US
 Mailing Address: 3800 FOWLER ST., UNIT 11, FORT MYERS FL 33901-2601, US

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number: 65-0369599 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

SON COAST UNDERCAR WAREHOUSE, INC
 3800 FOWLER ST., UNIT 11
 FT. MYERS FL 33901

Name: RICARDO O. RIGONI
 Street Address (P.O. Box Number is Not Acceptable): 407 S.W. 37TH ST
 City: CAPE CORAL FL Zip Code: 33914

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: Ricardo O. Rigoni (Signature) DATE: 3/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	S	<input type="checkbox"/> Delete
NAME	RIGONI, MICHAEL G.	
STREET ADDRESS	3117 SE 18TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIGONI, RICARDO O	
STREET ADDRESS	407 SW 37TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIGONI, PAULA J	
STREET ADDRESS	3117 SE 18TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIGONI, NANCY L	
STREET ADDRESS	407 SW 37TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: Ricardo O. Rigoni, RICARDO O. RIGONI DATE: 3/1/00 DAYTIME PHONE #: 941-2754917

FILED
 03-06-2000 90070 044 ****150.00
 00 MAR 24 PM 4:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2000 FORM 1001