

# 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

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 *Direct* 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 D. Rigoni* 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	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIGONI, MICHAEL G.		NAME		
STREET ADDRESS	3117 SE 18TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIGONI, RICARDO O		NAME		
STREET ADDRESS	407 SW 37TH STREET		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIGONI, PAULA J		NAME		
STREET ADDRESS	3117 SE 18TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIGONI, NANCY L		NAME		
STREET ADDRESS	407 SW 37TH STREET		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 D. Rigoni* DATE: 3/1/00 DAYTIME PHONE #: 941-2754917  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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