

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90140 045 ***150.00

DOCUMENT # P92000004332

1. Entity Name

ZIGLAR'S AUTO SALES, INC.

Principal Place of Business

Mailing Address

1497 S FERDON BLVD
 CRESTVIEW FL 32536
 US

1497 S FERDON BLVD
 CRESTVIEW FL 32536-4919
 US

801956



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1497 S Ferdon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Crestview FL

4. FEI Number

59-3154698

Applied For

Not Applicable

Zip

Country

Zip

Country

32536

US

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

FLEET, H. BART
1201 EGLIN PKWY
SHALIMAR FL 32579

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Delete
 NAME **P DAY, JENNIE NELL ZI**
 STREET ADDRESS **1585 SOUTH PEARL STREET**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP DAY, JOHN G**
 STREET ADDRESS **1585 S PEARL ST**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V ZIGLAR, HELEN**
 STREET ADDRESS **5133 PARK STREET**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V ZIGLAR, ALONIA**
 STREET ADDRESS **103 NORTH LINCOLN ST**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

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: *Jennie Nell Day* **Jennie Nell Day**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00 **1-8-00** *(850) 682-7800* **(850) 682-7800**

Date Daytime Phone #