

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90042 031 \*\*\*150.00

0467227

**DOCUMENT # P92000004332**

1. Entity Name  
**ZIGLAR'S AUTO SALES, INC.**

Principal Place of Business

1497 S FERDON BLVD  
 CRESTVIEW FL 32536  
 US

Mailing Address

1497 S FERDON BLVD  
 CRESTVIEW FL 32536  
 US

00047113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1497 S. Ferdon Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Crestview FL

City & State

4. FEI Number **59-3154698**

Applied For  
 Not Applicable

Zip  
 32536

Country  
 US

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FLEET, H. BART**  
 1201 EGLIN PKWY  
 SHALIMAR FL 32579

7. Name and Address of New Registered Agent

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DAY, JENNIE NELL ZI</b>	
STREET ADDRESS	<b>1585 SOUTH PEARL STREET</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DAY, JOHN G</b>	
STREET ADDRESS	<b>1585 S PEARL ST</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ZIGLAR, HELEN</b>	
STREET ADDRESS	<b>5133 PARK STREET</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 Ziglar Day Jennie Nell Ziglar Day 3-14-01 (850) 682-7800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)