## 2002 Uniform Business Report (UBR)

## FILED Apr 17, 2002 8:00 am Secretary of State

1. Entity N	UMENT # P9300 ame ARK AUTO SALES, INC:	0010382		04-17-2002 90122 021 ***150.		
DALL P	ANN AUTO SALES, INC.					
Principal P	lace of Business	Mailing Address				
1701 9TH BRADENTO	st. W. N FL 34205	1701 9TH ST. W. Bradenton Fl 34205				
				- I I BERKERI METERIKA DURU DEMI BERKEREN BERKERIN BETAR BIR DEN 1901 1904 1904 1	1	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0386818 Applied For Not Applied	bla	
Zip	Country	Zip	Country	5. Certificate of Status Desired   S8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent	$\exists$	
HUNTE	R, JOSEPH J			ess (P.O. Box Number is Not Acceptable)	_	
1701 9TH ST. W.			- Sireet Addres	ss (P.O. Box number is not Acceptable)		
RHADEI	ITON FL 34205					
			City	FL Zip Code		
SIGNATURI	•		registered office or regis	istered agent, or both, in the State of Florida.  DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)		After May 1, 200	II FEE IS \$150.00 02 Fee will be \$550.00 le to Department of S		, ,	
11i	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	-∤ ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HUNTER, JOSEPH J 124 TIDEWATER DR. BRADENTON FL 34210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	CR2E034 (9/01)	
TITLE	DIVIDENTON 1 E SASTO	Delete	TITLE	☐ Change ☐ Additi		
NAME STREET ADDRESS CITY-ST-ZIP	; 		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			╼ <del>╽</del> ╾╾╾		_	
NAME .	* * *	☐ Delete	TITLE NAME ~	☐ Change ☐ Addibi	n	
NAME STREET ADDRESS CITY-ST-ZIP		L. Delete	LI I	☐ Change ☐ Addibi	n   	
STREET ADDRESS		☐ Delete	NAME ~ Street address	☐ Change ☐ Addibi		
STREET ADORESS CITY-ST-ZIP TITLE		,	NAME STREET ADDRESS CITY-ST-ZIP TITLE			
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13. Thereby certify that the information supplied with this filling 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: \_

SUSPECION PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

02-27-2002 941-746-5022