

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023081

1. Entity Name

ABSS AUTOMOTIVE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90098 005 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6704 U.S. 90 WEST
LAKE CITY FL 32055
US

P.O. BOX 2107
LAKE CITY FL 32056-2107
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3173238

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ALLBRITTON, PATRICK C SR
500 SOUTH FIRST STREET
LAKE CITY FL 32055

Name

Street Address (P.O. Box Number is Not Acceptable)

6704 U.S. 90 West

City

Lake City, FL

Zip Code

32055

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

Patrick C. Allbritton, Sr.
President

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
ALBRITTON, PATRICK C SR.
ROUTE 7, BOX 52-6 N/A
LIVE OAK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SUMMERS, W L
POST OFFICE BOX 2817 N/A
LAKE CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
SUMMERS, GORDON P JR
POST OFFICE BOX 2107 N/A
LAKE CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Patrick C. Allbritton, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 904-52-6933

Date

Daytime Phone #

CR2E034 (9/99)