

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046426

1. Entity Name

CY & BILL'S AUTO SALES, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90148 007 ***150.00

Principal Place of Business

Mailing Address

3807 W. HIGHWAY 98
PANAMA CITY FL 32401
US

3807 W HIGHWAY 98
PANAMA CITY FL 32401-1164
US

2. Principal Place of Business

2107 Country Club Dr

3. Mailing Address

2107 Country Club Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LYNN HAVEN, FL

City & State

LYNN HAVEN, FL

Zip

32444

Country

BAH

Zip

32444

Country

BAH

4. FEI Number

59-3191604

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

BRIGHTWELL, LOUISE K
2104 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444

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 PD ☐ Delete
NAME LEE, CYRUS G
STREET ADDRESS 303 BAYSHORE DRIVE
CITY-ST-ZIP PANAMA CITY FL

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

TITLE D ☐ Delete
NAME LEE, ROMA
STREET ADDRESS 303 BAYSHORE DRIVE
CITY-ST-ZIP PANAMA CITY FL 32407

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

TITLE D ☐ Delete
NAME BRIGHTWELL, LOUISE K
STREET ADDRESS 2104 COUNTRY CLUB DRIVE
CITY-ST-ZIP LYNN HAVEN FL 32444

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

TITLE D ☐ Delete
NAME BRIGHTWELL, WILLIAM
STREET ADDRESS 2104 COUNTRY CLUB DRIVE
CITY-ST-ZIP LYNN HAVEN FL 32444

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Brightwell 4.17.20

Date

Daytime Phone #

800-265-5467

CF2E034 (9/99)