

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2001 08:00 AM
Secretary of State

DOCUMENT # P93000052622

1. Entity Name
THE USED CAR FACTORY INC.

Principal Place of Business
11825 SKYVIEW LANE
CLERMONT FL 34711
Mailing Address
PO BOX 8176
COCOA FL 32924

2. Principal Place of Business
600 RIVER BIRCH COURT
3. Mailing Address
PO BOX 22445

Suite, Apt. #, etc.
1037 Suite, Apt. #, etc.

City & State
CLERMONT FL City & State
KNOXVILLE TN

Zip Country
34711 US Zip Country
37933 US

4. FEI Number
59-3195615
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O'DONNELL JOHN
111 ISLAND GROVE DR
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name
O'DONNELL JOHN
Street Address (P.O. Box Number is Not Acceptable)
600 RIVER BIRCH COURT
1037
City
CLERMONT FL Zip Code
34711

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 JOHN O'DONNELL

04/22/2001

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

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	Delete
	O	JOHN	111 ISLAND GROVE DR	MERRITT ISLAND	FL	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34711	Change	Addition
		O'DONNELL JOHN	600 RIVER BIRCH COURT	CLERMONT	FL	34711	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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: JOHN O'DONNELL

P

04/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)