

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058338

1. Entity Name
DHH AUTO SALES, INC.

Principal Place of Business

7808 U.S. HWY. 98 N.
LAKELAND FL 33809

Mailing Address

6022 CHRISTINA DR E
LAKELAND FL 33813
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMIC, HERBERT B
7808 U.S. HWY. 98 N.
LAKELAND FL 33809

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
VS	HAMIC, HERBERT B		
7808 U.S. HWY 98 N.			
LAKELAND FL			
D	HAMIC, HERBERT B		
7808 U.S. HWY 98 N.			
LAKELAND FL 33809			
PD	ALLRED, DON R		
6022 CHRISTINA DR			
LAKELAND FL			

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

Date

Daytime Phone #

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90013 029 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3199016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034 (5/00)