

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085428

1. Entity Name

D.S.P. AUTO SALES, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90010 015 ***550.00

Principal Place of Business

14525 SE U S HWY 441
 SUMMERFIELD FL 34491
 US

Mailing Address

14840 SE 47TH CT
 SUMMERFIELD FL 34491
 US

2. Principal Place of Business

14115 E Hwy 25

Suite, Apt. #, etc.

3. Mailing Address

3415 S Hwy 484

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocklawaha, FL

City & State

Bellevue, FL

4. FEI Number

59-3214240

Applied For

Not Applicable

Zip

32179

Country

marion

Zip

34420

Country

marion

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLIN, RICHARD G
 6044 S.E. AGNEW ROAD
 BELLEVUE FL 33421

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PETERS, LONDA L	
STREET ADDRESS	14840 S.E. 47TH CT.	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of Londa L Peters
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Londa L Peters

Date

9-10-00

Daytime Phone #

352-288

1355

CR2E034 (5/00)