

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012258

1. Entity Name

NOLLI AUTO BROKERS, INC.

FILED

Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90009 027 ***150.00

Principal Place of Business

4715 S. US
FORT PIERCE FL 34982
US

Mailing Address

4715 S. US
FORT PIERCE FL 34982
US

2. Principal Place of Business

3. Mailing Address

8023 S.E. Sugar Pines Way
Suite, Apt. #, etc.

PO Box 7609
Suite, Apt. #, etc.

City & State

Hobe Sound FL

City & State

Port St Lucie FL

4. FEI Number

65-0469131

Applied For

Not Applicable

Zip

33455

Country

USA

Zip

34985

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMB, RICHARD L
1432 21ST ST
VERO BEACH FL 32961

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 \$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 VPS
NAME NOLLI, ROBERT J
STREET ADDRESS 442 S.E. MAJESTIC TERRACE
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8023 SE Sugar Pines Way
CITY-ST-ZIP Hobe Sound FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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

Robert Noll 3/6/01 561-971-1133

Date

Daytime Phone #

CR2E034 (10/00)