

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034138

1. Entity Name

CAG AUTO SALES, INC.

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90009 028 \*\*\*150.00

Principal Place of Business

4760 BLANDING BLVD  
JACKSONVILLE FL

Mailing Address

4760 BLANDING BLVD  
JACKSONVILLE FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3238256

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

GAY, CAROL A  
4760 BLANDING BLVD  
JACKSONVILLE FL 32210

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
GAY, CAROL A  
4760 BLANDING BLVD  
JACKSONVILLE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-778-9250  
Daytime Phone #

CR2E034 (5/00)

PA400003 4138

A0067895

LIST SOURCE OF DEPOSITS AND INFORMATION ABOUT EXPENDITURES ON BACK OF PRECEDING STUBS

DATE	11-19-	
PAY TO	71600	
	Shirley P	860.5
FOR		
TOTAL	2225.31	
THIS CHECK	127.5	
OTHER TRANS +/-		
TAX DEDUCTIBLE <input type="checkbox"/>		
BALANCE		

DATE	2-22	
PAY TO	DW Corp	
	Aling Yan 400	
FOR	Corporate	
TOTAL		
THIS CHECK	150.00	
OTHER TRANS +/-		
TAX DEDUCTIBLE <input type="checkbox"/>		
BALANCE		

STYLE-B-02YN CKS-800 DTS-0

09577

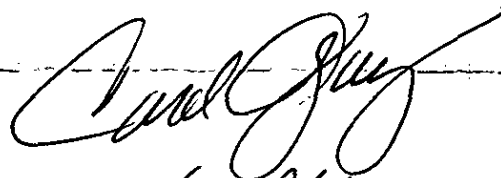
DATE	2/23	
PAY TO	ABP	
FOR		
TOTAL		
THIS CHECK		
OTHER TRANS +/-		
TAX DEDUCTIBLE <input type="checkbox"/>		
BALANCE		

P94000034138

7/7/00  
A0007895

Mike Corbett  
Dev Corp.  
UBR  
PO Box 1500  
Jallakur, FL 32302

Mr. Corbett  
enclosed is the filing of Report UBR  
to take the place of Report sent 2/22/00  
also copy of ch stub of same date. Thank  
you for your help.

  
CAG AJS