

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000034138**

1. Entity Name
CAG AUTO SALES, INC.



FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90157 039 ***150.00

Principal Place of Business
4760 BLANDING BLVD
JACKSONVILLE FL

Mailing Address
4760 BLANDING BLVD
JACKSONVILLE FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3238256**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, GAROL 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) ☐

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
	PVST GAY, CAROL A 4760 BLANDING BLVD JACKSONVILLE FL		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A Gay
4/18/01 901789252

80064762



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

1085X
DATE 4-18
PAY TO Land Co
FOR 4-18
TOTAL 180.00
THIS CHECK 180.00
OTHER TRANS +/-
BALANCE 7184.89
TAX DEDUCTIBLE ☐
STYL: B-0228N CKS: 300 DT: 5.0

1086
DATE 4-11
PAY TO Land Co
FOR 4-11
TOTAL 150.00
THIS CHECK 150.00
OTHER TRANS +/-
BALANCE 7034.89
TAX DEDUCTIBLE ☐
STYL: B-0228N CKS: 300 DT: 5.0

1087X
DATE 4-18
PAY TO Land Co
FOR 4-18
TOTAL 180.00
THIS CHECK 180.00
OTHER TRANS +/-
BALANCE 7184.89
TAX DEDUCTIBLE ☐
STYL: B-0228N CKS: 300 DT: 5.0

A note made on 4-18.01
has no check my Bk
attch memo ch \$180.00