

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055030

1. Entity Name

NATIONAL AUTO PROPERTIES - 2, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90053 001 \*\*\*450.00

Principal Place of Business

Mailing Address

1605 S MISSOURI AVE  
CLEARWATER FL 33756  
US

1605 S MISSOURI AVE  
CLEARWATER FL 33756-1220  
US

2. Principal Place of Business

1446 COURT STREET  
Suite, Apt. #, etc.

3. Mailing Address

1446 COURT STREET  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State CLEARWATER FL	City & State CLEARWATER FL	4. FEI Number 86-0768362	Applied For <input type="checkbox"/> Not Applicable
Zip 33756	Country USA	Zip 33756	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELMORE, DAVID 1605 S MISSOURI AVE CLEARWATER FL 33756		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVIN, LEONARD D. <del>1605 S. MISSOURI AVENUE</del> CLEARWATER FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1446 COURT STREET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELMORE, DAVID <del>1605 S MISSOURI AVENUE</del> CLEARWATER FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1446 COURT STREET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>AT</del> POLESKY, MYRA A 1900 E. WINDSONG APACHE JUNCTION AZ 85219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>TREASURER</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEVIN, CAROL J. <del>1605 S MISSOURI AVENUE</del> CLEARWATER FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DVP 1446 COURT STREET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] 4-10-00 727-469-8821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)