

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075370

1. Entity Name

BEST BUY CAR SALES, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90243 027 ***150.00

Principal Place of Business

Mailing Address

8290 BAY PINES BLVD 8440
ST. PETERSBURG FL 33709
US

8440
8290 BAY PINES BLVD
ST. PETERSBURG FL 33709-4006
US

2. Principal Place of Business

3. Mailing Address

8440 BAY PINES BLVD
Suite, Apt. #, etc.

8440 BAY PINES BLVD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3273885

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

FETT, JOSEPH M
8290 BAY PINES BLVD
ST PETERSBURG FL 33709

Name

Street Address (P.O. Box Number is Not Acceptable)

8440 BAY PINES BLVD.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
FETT, JOSEPH M
8290 BAY PINES BLVD
ST PETERSBURG FL 33709

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8440 BAY PINES BLVD

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
FETT, PAMELA L
8290 BAY PINES BLVD
ST PETERSBURG FL 33709

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8440 BAY PINES BLVD.

TITLE ☐ Delete
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CITY-ST-ZIP

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☐ Change ☐ Addition
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

Date

Daytime Phone #

CRE034 (9/99)