

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075370

1. Entity Name:
BEST BUY CAR SALES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90059 006 ***150.00

Principal Place of Business
8440
8290 BAY PINES BLVD
ST. PETERSBURG FL 33709
US

Mailing Address
8440
8290 BAY PINES BLVD
ST. PETERSBURG FL 33709
US

330 683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8440 BAY PINES BLVD.
Suite, Apt. #, etc.

3. Mailing Address
8440 BAY PINES BLVD.
Suite, Apt. #, etc.

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
8440 8290 BAY PINES BLVD
ST PETERSBURG FL 33709

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
FETT, JOSEPH M
8290 BAY PINES BLVD 8440
ST PETERSBURG FL 33709 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FETT, PAMELA L
8290 BAY PINES BLVD 8440
ST PETERSBURG FL 33709 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727
4-1801 341-2886

CR2E034 (10/00)