

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000081701**

1. Entity Name

A AL AUTO STAR INSURANCE & TAGS, INC.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90014 036 ***150.00

Principal Place of Business

**2149 NW 6 STREET
FORT LAUDERDALE FL 33311
US**

Mailing Address

**P.O. BOX 5612
FT. LAUDERDALE FL 33310-5612**

(1 0 4 1 0



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 **65-0534454**Applied For
Not Applied For

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

**CARL T. THOMPSON
2149 NW 6 STREET
FORT LAUDERDALE FL 33311**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete	THOMPSON, CARL T SR			<input type="checkbox"/> Change <input type="checkbox"/> Additor	
			111 LAKE EMERALD DR. #205				
			FT. LAUDERDALE FL 33310				
	D	<input type="checkbox"/> Delete	THOMPSON, BEVERLY P			<input type="checkbox"/> Change <input type="checkbox"/> Additor	
			111 LAKE EMERALD DR. #205				
			FT. LAUDERDALE FL 33310				
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additor	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additor	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additor	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additor	

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 #