

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054790

1. Entity Name
EXECUTIVE AUTO SALES, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90012 030 ***550.00

Principal Place of Business
1339 WEST WASHINGTON ST. BLDG. A-1
ORLANDO FL 32805

Mailing Address
1339 WEST WASHINGTON ST. BLDG. A-1
ORLANDO FL 32805

A0078271



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SAME

3. Mailing Address
50 W. HARDING ST

City & State
ORLANDO FL

4. FEI Number
59-3327052

Zip
32806

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GEORGE, DON
1339 WEST WASHINGTON ST. BLDG. A-1
ORLANDO FL 32805

7. Name and Address of New Registered Agent
Name
RON TRUESDELL
Street Address (P.O. Box Number is Not Acceptable)
50 W HARDING ST.
City
ORLANDO FL Zip Code
32806

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 **DON GEORGE** **9/4** **RON TRUESDELL** **9-4-2000**
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. ☐
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, DON 1339 WEST WASHINGTON ST. BLDG. A-1 ORLANDO FL 32805 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUESDELL, RON 1339 WEST WASHINGTON ST. BLDG. A-1 ORLANDO FL 32805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RON TRUESDELL 50 W. HARDING ST ORL FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-2000 **407-999-9061**
Date Daytime Phone #

CR2E034 (5/00)