

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90145 031 \*\*\*150.00

**DOCUMENT # P95000058585**

1. Entity Name

ABC AUTO SALES, INC.

Principal Place of Business

1013 NE OSCEOLA AVE QUIRE  
 OCALA FL 34470

Mailing Address

206 N.E. 9TH STREET  
 OCALA FL 34470  
 US

2. Principal Place of Business

206 N.E. 9 St.

3. Mailing Address

206 N.E. 9 St

Suite, Apt. #, etc.

BUSINESS Loc.

Suite, Apt. #, etc.

PLACE OF BUSINESS

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34470

Country

USA

Zip

34470

Country

USA

6. Name and Address of Current Registered Agent

ISIOFF, IRVING  
 1013 NE OSCEOLA AVE QUIRE  
 OCALA FL 34470

7. Name and Address of New Registered Agent

Name: IRVING ISIOFF

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

206 N.E. 9 St

SAME AS ABOVE

City

Ocala, FL

FL

Zip Code

34470

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

IRVING ISIOFF

1/26/01

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

TITLE: PVST  
 NAME: ISIOFF, IRVING  
 STREET ADDRESS: 1013 NE OSCEOLA AVE QUIRE  
 CITY-ST-ZIP: OCALA FL

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
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☐ Change ☐ Addition

TITLE:   
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☐ 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:

IRVING ISIOFF

Date

1/26/01

Daytime Phone #

352-351-2841

CR2E034 (10/00)