

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065895

1. Entity Name

K.A.R. AUTOMOTIVE, INC.

Principal Place of Business

42 GARNETT AVENUE
FORT WALTON BEACH FL 32548

Mailing Address

42 GARNETT AVENUE
FORT WALTON BEACH FL 32548-4410

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3341385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPRAGUE, ROSS F L
221 NE MARSHALL DR
FT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name Sprague, Ross F.

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

42 Garnett Ave

City

Fort Walton beach

FL

Zip Code

32548

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

Ross F. Sprague Registered Agent

4-7-2000

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

TITLE VTCE ☐ Delete
NAME BUCHANAN, ROBERT
STREET ADDRESS 650 CORNWELL TERRACE
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE PS ☐ Delete
NAME LAFLAMME, KENNETH
STREET ADDRESS 42 GARNETT AVE
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTCE ☒ Change ☐ Addition
NAME Buchanan, Robert T.
STREET ADDRESS 660 Cornwall Terrace
CITY-ST-ZIP Mary Esther FL 32569

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Robert Buchanan / Robert Buchanan

Date

4-7-2000

Daytime Phone #

850-664-6957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR