

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90015 036 ***150.00

DOCUMENT # P95000073335
1. Entity Name
ET AUTO SALES, INC.

Principal Place of Business
 2040 E IRLO BRONSON HWY.
 KISSIMMEE FL 34744
 US

Mailing Address
 2040 E IRLO BRONSON HWY.
 KISSIMMEE FL 34744
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3358606 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LUBERDA, DOROTHY J
 1101 EASTERN AVE.
 ST. CLOUD FL 34770

7. Name and Address of New Registered Agent
 Name LUBERDA, DOROTHY J.
 Street Address (P.O. Box Number is Not Acceptable) 1401 MICHIGAN AVE
 City ST CLOUD FL Zip Code 34769

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 *Dorothy J. Luberda* **DATE** 2-25-02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 After May 1, 2002 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	P FERENTINOS, ANTHONY 3320 WILDERNESS TRAIL KISSIMMEE FL 34748 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 the report as required by Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *1/4/02* **DATE** *(802) 870-9759* **DAYTIME PHONE #**

CR2E034 (9/01)