

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086800

1. Entity Name

AUTO NEGOTIATORS INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90023 040 ***150.00

Principal Place of Business

1240 AIRPORT RD. S.
NAPLES FL 34104

Mailing Address

1240 AIRPORT RD. S.
NAPLES FL 34104-4355

2. Principal Place of Business

3. Mailing Address

1472 AIRPORT ROAD S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITY & STATE
NAPLES FLORIDA

Zip

Country

Zip

Country

34104

U.S.A.

4. FEI Number

65-0627815

Applied For

Not Applicable

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

MORANDE, JAMES A. JR.

~~985 TARPON COVE DR #101~~ 494 HERON AVENUE
NAPLES FL 34110 34108

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 V ☐ Delete
NAME MORANDE, MICHAEL J.
STREET ADDRESS 9771 SPRINGRIDGE CIRCLE
CITY-ST-ZIP ESTERO FL 33928

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

TITLE P ☐ Delete
NAME MORANDE, JAMES A
STREET ADDRESS 1575 OSPREY AVE
CITY-ST-ZIP NAPLES FL 34102

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

TITLE S ☐ Delete
NAME PINKSTON, KERNEY L.
STREET ADDRESS 735 102ND AVE
CITY-ST-ZIP NAPLES FL 34108

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

TITLE T ☐ Delete
NAME MORANDE, ROBERT J
STREET ADDRESS 26231 SIENA DR
CITY-ST-ZIP BONITA SPRINGS FL 34134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/98)