

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026262

1. Entity Name

BASÉLINE AUTO SALES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90154 030 ***150.00

Principal Place of Business

2501 S.E. 58 AVE.
OCALA FL 34471
US

Mailing Address

2501 S.E. 58 AVE.
OCALA FL 34471-6449
US

2. Principal Place of Business

2501 SE 58 Ave.

Suite, Apt. #, etc.

3. Mailing Address

2501 SE 58 Ave.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-3370687

Applied For

Not Applicable

Zip

34471

Country

Marion

Zip

34471

Country

Marion

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPEARS, CHRIS M
3309 SE 34TH STREET
OCALA FL 34471

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **SPEARS, CHRIS M**
STREET ADDRESS **3309 SE 34TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ Delete
NAME **HADALA, JEFFREY M**
STREET ADDRESS **5115 SE 20TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris M. Spears

4-21-00

Date

352-694-5100

Daytime Phone #