

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000026262**

1. Entity Name

**Baseline Auto Sales, Inc.**

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90929 026 \*\*\*558.75

**DO NOT WRITE IN THIS SPACE**

**870025**

2. Principal Place of Business

**2501 SE 58 Ave.**

3. Mailing Address

**2501 SE 58 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Ocala, FL**

City & State

**Ocala, FL**

4. FEI Number

**69-3370687**

Applied For

Not Applicable

Zip

**34471**

Country

**US**

Zip

**34471**

Country

**US**

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

7. Name and Address of Current Registered Agent

Name **Hadala, Jeffrey M.**

Street Address (P.O. Box Number is Not Acceptable)  
**2049 SE 37 Ct. Circle**

City

**Ocala**

FL

Zip Code

**34471**

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.

**Jeffrey M. Hadala**

**6-12-02**

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**P**  
**Hadala, Jeffrey M.**  
**2049 SE 37 Ct. Cir.**  
**Ocala, FL 34471**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V**  
**English, Susan H.**  
**17690 NE 16 Terr.**  
**Citra, FL 32113**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeffrey M. Hadala**

**6-12-02**

Date

Daytime Phone #

**352-694-5100**

CR2E034B (12/01)