

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029076

1. Entity Name

PHILIP SMALL AUTOMOTIVE, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90001 019 ***150.00

Principal Place of Business

1362 BLONSTOWN HIGHWAY
TALLAHASSEE FL 32304

Mailing Address

P.O. BOX 20223
TALLAHASSEE FL 32316-0223

2. Principal Place of Business

2830 Gerald DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32310

Country

USA

Country

4. FEI Number

59-3370011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, REGGIE H
2830 GERALD DR
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name: Phyllis Gray

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

3011 Lang Drive

City

Tallahassee

FL

Zip Code

32303

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

Phyllis Gray
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

4-7-00

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	P	<input type="checkbox"/> Delete
NAME	SMALL, PHILIP A	
STREET ADDRESS	RT 3 BOX 2949	
CITY-ST-ZIP	QUINCY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Small, Philip A	
STREET ADDRESS	2830 Gerald Drive	
CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE	TD/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gray, Phyllis	
STREET ADDRESS	3011 Lang Drive	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gray, Raymond	
STREET ADDRESS	3011 LANG Drive	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Phyllis Gray

Date

4/07/00

Daytime Phone #

850-536-0658

CR2E034 (9/99)