

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054243

1. Entity Name

AUTOMAX INSURANCE AGENCY, INC.

FILED

Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90035 040 ***158.75

Principal Place of Business

Mailing Address

7610 N 56TH ST
TAMPA FL 33617

7610 N 56TH ST
TAMPA FL 33617-7706

2. Principal Place of Business

1709 W. Baker St.

3. Mailing Address

1709 W. Baker

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Plant City, FL

City & State
Plant City, FL

4. FEI Number 65-0673885

Applied For
Not Applicable

Zip
33566

Country
Hillsborough

Zip
33566

Country
Hillsborough

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

~~FOLEY, PETER R~~
~~7610 N 56TH ST~~
~~TAMPA FL 33617~~

Name
Susie Kennedy
Street Address (P.O. Box Number is Not Acceptable)
1709 W. Baker St.

City
Plant City, FL Zip Code
33566

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
DC
NAME
LILLY, GARY P
STREET ADDRESS
7615 N 56TH ST
CITY-ST-ZIP
TAMPA FL 33617 ☒ Delete

TITLE
P
NAME
Steve Kennedy
STREET ADDRESS
1709 W. BAKER
CITY-ST-ZIP
Plant City, FL 33566 ☒ Change ☐ Addition

TITLE
PS
NAME
FOLEY, PETER R
STREET ADDRESS
7610 N 56TH ST
CITY-ST-ZIP
TAMPA FL 33617 ☒ Delete

TITLE
VP
NAME
Susie Kennedy
STREET ADDRESS
1709 W. BAKER
CITY-ST-ZIP
Plant City, FL 33566 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
S
NAME
STEPHANIE KENNEDY
STREET ADDRESS
1709 W. BAKER
CITY-ST-ZIP
Plant City, FL 33566 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: Susie Kennedy 2/29/00 813-719-3991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)