

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056984

1. Entity Name

BARRY HOPKINS CAR SALES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90073 028 ***150.00

Principal Place of Business

Mailing Address

1308 W VINE STREET
 KISSIMMEE FL 34741

1308 W VINE STREET
 KISSIMMEE FL 34741-4049

2. Principal Place of Business

2786 MICHIGAN AVE

3. Mailing Address

2786 MICHIGAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FLORIDA

Zip 34744

Country U.S.A.

Zip 34744

Country U.S.A.

4. FEI Number

59-3386477

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

HOPKINS, BARRY W
 3042 BLOOMSBURY DRIVE
 KISSIMMEE FL 34747

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

4/27/2000

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PCEO
 HOPKINS, BARRY W
 3042 BLOOMSBURY DR
 KISSIMMEE FL 34747 ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BARRY HOPKINS, PRESIDENT & C.E.O. 4/26/00 (407) 932-1322

CR2E034 (9/99)