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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064543 (7)**

1. Corporation Name
UNIVERSITY AUTO SALES INC.

Principal Place of Business

**414 TURNER STREET
CLEARWATER FL 34616**

Mailing Address

**414 TURNER STREET
CLEARWATER FL 34616-5329**



3. Date Incorporated or Qualified

08/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 **611 Palm Bluff St**

Suite, Apt. #, etc.

22 **Clearwater**

City & State

23 **34615**

Zip

Country

25 **Pinellas**

County

2a. Mailing Address

26 **2840 West Bay Dr.**

Suite, Apt. #, etc.

27 **# 361**

City & State

28 **Belleair Bluffs, FL**

Zip

29 **33720**

Country

30

4. FEI Number

59-339642

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KJOS, DALE A
604 PALM BLUFF ST
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name

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

1600 Gulf Blvd #1014

83

84 City

Clearwater

FL

85 Zip Code

34630

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

Signature of registered agent required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KJOS, DALE A**
STREET ADDRESS **414 TURNER ST**
CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D. Kjos, Dale A.**
1.3 STREET ADDRESS **1600 Gulf Blvd #1014**
1.4 CITY-ST-ZIP **Clearwater, FL 34630**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dale A. Kjos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-97

Date

813-460-7998

Daytime Phone #

CR2E034 (9/96)