FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

2840 WEST BAY DR

BELLEAIR BLUFFS FL 33770

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000064543

Corporation Name

Principal Place of Business

611 PALM BLUFF ST CLEARWATER FL 34615

UNIVERSITY AUTO SALES INC.

					08/01/1996	·
		2a. Mailing Address			4. FEI Number	Applied For
2. Principal Pla	ace of Business	 -			59-3386142	Not Applicable
<u>:1]</u>		26			_	\$8.75 Additional
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, et	u.		5. Certificate of Status Desired	Fee Required
.2		27			a Classica Compaign Financing	\$5.00 May Be
City & State	• •	City & State			Election Campaign Financing Trust Fund Contribution	Added to Fees
23	<u> </u>	28				
Zip	Country	Zip	Coun	itry	This corporation owes the current year in Personal Property Tax.	☐ Yes ☐ No
24	25	29	30	<u></u> .	10. Name and Address of New Registered	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Rogisters	
	Part Day	Salar Control	Į	_		
KJOS, DALE A			Ì	82 Street Add	ress (P.O. Box Number is Not Acceptable)	4
1600 GULF BLVD		L			A THE R. P. LEWIS CO. LANSING STREET, LANSING	
#101	4	•	{	83		
CLE/	ARWATER FL 34630			B4 Cit	12 1/2 17 (4 14 15 14 17 17 17 18 18 17 17 17 17 17 17 17 17 17 17 17 17 17	85 Zip Code
•		•		84 City	` F !	
ON THE TEN	A P Addison of Continue 607 0502	and 607 1508. Florida	Statutes, the ab	ove-named corr	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its registered
11. Pursuant	edistered agent, or both, in the State of	f Florida. Such change	was authorized	by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	omiment as registered
병학 jagent. l a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.05	us, Fiorida Statu	ites.	••	
SIGNATURE				A t elegatura requir	ed when reinstating) DATE	
0.0,	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered .	Agent signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS DEL		16		☐ Change ☐ Addition
TITLE	D			Į.		
NAME	KJOS, DALE A		1.2 NA			
	1600 GULF BLVD., #1014		4 2 CT	REET ADDRESS		
STREET ADDRESS	1000 GOLF DLTD-, FIVIT		1.3 51	KEET ADDRESS		
•	CLEARWATER FL		1.4 CI	ry-st-zip		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE		□ DEL	1.4 CI	ry-st-zip		☐ Change ☐ Addition
CITY-ST-ZIP		□ DEL	1.4 CI	IY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		□ DEL	1.4 CIT ETE 2.1 TIT 2.2 NA	IY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DEL	1.4 CT ETE 2.1 TT 2.2 NA 2.3 ST	TY-ST-ZIP TLE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DEL	1.4 CIT ETE 2.1 YIT 2.2 NA 2.3 ST 2.4 CI	TY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE:

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99

FILED

Feb 04, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02-04-1999 90010 009 ***150.00

Daytime Phone #

POE034 (11/98)