

DOCUMENT # P96000064543

1. Entity Name

UNIVERSITY AUTO SALES INC.

Principal Place of Business

611 PALM BLUFF ST
CLEARWATER FL 34615
US

Mailing Address

3225 S MACDILL AVE
#129-331
TAMPA FL 33629
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3386142

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

KJOS, DALE A
1600 GULF BLVD
#1014
CLEARWATER FL 34630

Name Dale A. Kjos
Street Address (P.O. Box Number is Not Acceptable)
910 Anchorage Rd
City Tampa FL Zip Code 33602

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, 2001 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 D
NAME KJOS, DALE A
STREET ADDRESS 1600 GULF BLVD., #1014
CITY-ST-ZIP CLEARWATER FL

☐ Delete

TITLE President
NAME Dale A. Kjos
STREET ADDRESS 910 Anchorage Rd
CITY-ST-ZIP Tampa FL 33602

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale A. Kjos

1-8-2001

Date

913-505-3503

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)