

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066631

1. Entity Name

RONNIE VAN DEN BRINK AUTO SALES, INC.

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

04-12-2000 90044 014 ***150.00

Principal Place of Business 403 ENTERPRISE ST OCFEE FL 34761 US	Mailing Address P O BOX 258 GOTHA FL 34734-0258 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 405 A Enterprise St Suite, Apt. #, etc. OCFEE FL City & State	3. Mailing Address Suite, Apt. #, etc. City & State
Zip 34761 Country USA	Zip Country

4. FEI Number 59-3397555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VAN DEN BRINK, RONNIE R 9132 ALISO RIDGE RD GOTHA FL 34734

7. Name and Address of New Registered Agent Name: Barbara E Pizinski Street Address (P.O. Box Number is Not Acceptable): 3200 Old Winter Garden Rd #2933 City: OCFEE FL Zip Code: 34761	
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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: Barbara E Pizinski, PUTS Barbara E Pizinski 4/9/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statement) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS VAN DEN BRINK, RONNIE R 9132 ALISO RIDGE RD GOTHA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUTS Barbara E Pizinski 3200 Old Winter Garden Rd #2933 OCFEE FL 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Ronnie Van Den Brink 9132 Aliso Ridge Rd GOTHA FL 34734 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diane Smith 2712 Rolling Brook Dr Orlando FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Barbara E Pizinski Barbara E Pizinski 4/9/00 407-654-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)