

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90101 004 ***150.00

DOCUMENT # P96000066631

1. Entity Name
RONNIE VAN DEN BRINK AUTO SALES, INC.

Principal Place of Business
405 A ENTERPRISE STREET
OCOE FL 34761
US

Mailing Address
P O BOX 258
GOTHA FL 34734
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3397555**

Applied For
 Not Applicable

Zip Country

Zip Country

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

PIZINSKI, BARBARA E
3200 OLD WINTER GARDEN RD. #2933
OCOE FL 34761

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 *Barbara E Pizinski*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/01

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 **PVTS** ☐ Delete
 NAME **PIZINSKI, BARBARA**
 STREET ADDRESS **3200 OLD WINTER GARDEN RD # 293**
 CITY-ST-ZIP **OCOE FL 34761**

TITLE **PVTS D** ☒ Change ☐ Addition
 NAME **Barbara Pizinski**
 STREET ADDRESS **3200 Old Winter Garden Rd #2933**
 CITY-ST-ZIP **Ocoee FL 34761**

TITLE **C** ☐ Delete
 NAME **VAN DEN BRINK, RONNIE**
 STREET ADDRESS **9132 ALISO RIDGE RD**
 CITY-ST-ZIP **GOTHA FL 34734**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **SMITH, DIANE**
 STREET ADDRESS **2712 ROLLING BREAK DR.**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01
 Date

407-654-3001
 Daytime Phone #

CR2E034 (10/00)