

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077356

1. Entity Name

FAR SOUTH AUTO, INC.

Principal Place of Business

Mailing Address

3986 DOMESTIC AVE
NAPLES FL 34104
US

3986 DOMESTIC AVE
NAPLES FL 34104-3618
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0698057

Applied For

Not Applied For

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

BEATTY, DAVID M
989 HIDDEN TER RD
NAPLES FL 34104

Name

MANNING, JOSEPH M.

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

3280 68 TH ST. S/W

City

NAPLES

FL

Zip Code

34105

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

JOSEPH M. MANNING VP

(NOTE: Registered Agent signature required when reinstating)

1/3/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BEATTY, DAVID M
STREET ADDRESS 989 HIDDEN TER RD
CITY-ST-ZIP NAPLES FL 34104

TITLE P ☒ Change ☐ Delete
NAME BEATTY, DAVID M.
STREET ADDRESS 8142 LAS PALMAS WAY
CITY-ST-ZIP NAPLES, FL. 34109

TITLE DVPS ☐ Delete
NAME MANNING, JOSEPH
STREET ADDRESS 3280 68 ST SW
CITY-ST-ZIP NAPLES FL

TITLE VPS ☒ Change ☐ Delete
NAME MANNING, JOSEPH M.
STREET ADDRESS 3280 68 TH ST. S/W
CITY-ST-ZIP NAPLES, FL. 34105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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 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

JOSEPH M. MANNING

1-3-00

Date

941-403-7677

Daytime Phone #