

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079859

1. Entity Name

ABC AUTO WHOLESALERS, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90005 018 ***150.00

Principal Place of Business

Mailing Address

219 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

219 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Fed Number **59-3401500**

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

TAYLOR, KEISHA
1010 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

Name

Street Address (P.O. Box Number's Not Acceptable)

City

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

Signature, typed or printed name of registered agent and their applicable.

(NOTE: Registered Agent's 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 NAME STREET ADDRESS CITY-STATE-ZIP	P TAYLOR, KEISHA 9151 MOSSY OAK LANE CLEARMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V.P Keisha Taylor Benevides 9151 mossy oak LN clermont FL 34711	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BENEVIDES, PETE 9151 MOSSY OAK LN CLEARMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P. Pete Benevides 9151 mossy oak LN clermont FL 34711	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(f), 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

4/21/01 **3522422933**

CR2E034 (10/00)