

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90001 001 \*\*\*150.00

DOCUMENT # P96000096205

1. Entity Name

P & L AUTOS, INC.

Principal Place of Business

4155 DOW ROAD  
STE A  
MELBOURNE FL 32935

Mailing Address

339 NAUTICA COURT  
INDIAN HARBOUR BEACH FL 32937

612150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

461 1815 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SATELLITE BEACH FL

Zip

Country

Zip

Country

32937-3702

US

4. FEI Number 59-3413074

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

DOW, EDWARD F  
339 NAUTICA COURT  
INDIAN HARBOUR BEACH FL 32937

Name

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

461 1815 LANE

City

SATELLITE BEACH FL 32937-3702

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

EDWARD F. DOW PRES. 1.20.2001

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 P ☐ Delete  
NAME DOW, EDWARD F  
STREET ADDRESS 339 NAUTIC COURT  
CITY-ST-ZIP INDIAN HARBOUR BCH FL

TITLE ☒ Change ☐ Addition  
NAME 461 1815 LANE  
STREET ADDRESS SATELLITE BEACH  
CITY-ST-ZIP FL 32937-3702

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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:

EDWARD F. DOW PRES. 1/20/2001 (321) 779 1829.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)