

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002463

1. Entity Name
DEALS ON WHEELS OF BRADENTON, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90028 003 ***150.00

Principal Place of Business

5620 B 14TH ST W
B
BRADENTON FL 34207
US

Mailing Address

PO BOX 22294
SARASOTA FL 34276
US

713548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5734 15TH ST E

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

4. FEI Number 59-3431407

Applied For

Not Applicable

Zip

34203

Country

MANATEE

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

MARTELL, ROBERT
5734 15TH ST E
BRADENTON FL 34203

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

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

(NOTE: Registered Agent 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 ☐ Delete
NAME D
STREET ADDRESS MARTEL, ROBERT
CITY-ST-ZIP 5734 15TH STREET EAST
BRADENTON FL 34203

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Robert Martell pres.* ROBERT MARTELL PRES 2-5-2001 941-730-1127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)