

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90008 036 ***150.00

0139470

DOCUMENT # P97000004583

1. Entity Name

FLORIDA AUTO ADVISORS, INC.

Principal Place of Business

9598 NW 24TH COURT
CORAL SPRINGS FL 33065

Mailing Address

9598 NW 24TH COURT
CORAL SPRINGS FL 33065

2. Principal Place of Business

9877 NORTH SPRINGS WAY

Suite, Apt. #, etc.

N/A

3. Mailing Address

9877 NORTH SPRINGS WAY

Suite, Apt. #, etc.

N/A

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

Country

33076 BROWARD

Zip

Country

33076 BROWARD

6. Name and Address of Current Registered Agent

JENNINGS, EDWARD J ESQUIRE
200 SE 18TH COURT
FT. LAUDERDALE FL 33316

4. FEI Number

65-0775998

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FLYNN, LEONARD B 9598 NW 24TH COURT CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

LEONARD B FLYNN 4-3-01 954-796-8200

CR2E034 (10/00)