

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017740

1. Entity Name

DEALS ON WHEELS AUTO SALES INC.

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90022 047 ***150.00

Principal Place of Business

Mailing Address

6972 BLANDING BLVD
JACKSONVILLE FL 32244
US

6972 BLANDING BLVD
JACKSONVILLE FL 32244-4421
US

2. Principal Place of Business

6972 Blanding Blvd.
Suite, Apt. #, etc.

3. Mailing Address

6972 Blanding Blvd.
Suite, Apt. #, etc.

City & State

Jax, FL

City & State

Jax, FL

Zip

32210

Country

USA

Zip

32210

Country

USA

6. Name and Address of Current Registered Agent

WILLIAMS, MARY B
2954 BEAVER ST
MIDDLEBURG FL 32068

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

Mary B Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-00

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

TITLE D ☐ Delete
NAME WILLIAMS, MARY B
STREET ADDRESS 2954 BEAVER STREET
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE D ☐ Delete
NAME WARD, BOB V
STREET ADDRESS 5316 JACARANDA AVENUE
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE D ☐ Delete
NAME WARD, LINDA K
STREET ADDRESS 5316 JACARANDA AVENUE
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

Mary B Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-00 904-772 6--