

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022722

1. Entity Name
PEOPLE AUTOMOTIVE & TRUCK, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90038 029 ***150.00

Principal Place of Business 2300 CENTRAL AVENUE ST PETERSBURG FL 33712	Mailing Address 2300 CENTRAL AVENUE ST PETERSBURG FL 33712-1149
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4421 16th Ave S Suite, Apt. #, etc.	3. Mailing Address 4421 16th Ave S Suite, Apt. #, etc.
City & State ST. Petersburg, FL Zip 33711 Country USA	City & State St. Petersburg FL Zip 33711 Country USA

4. FEI Number 59-3446345	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FERGUSON, CLEVELAND
2300 CENTRAL AVENUE
ST PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name
Same

Street Address (P.O. Box Number is Not Acceptable)
4421 16th Ave S

City
ST. Petersburg FL Zip Code
33711

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
Cleveland Ferguson
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, 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:	
NAME ADDRESS ST-ZIP D FERGUSON, CLEVELAND 2300 CENTRAL AVENUE ST PETERSBURG FL 33712 ☐ Delete NAME ADDRESS ST-ZIP D STEPHENS, SONJA 4421 16TH AVE S ST PETERSBURG FL 33711 ☒ Delete NAME ADDRESS ST-ZIP VP ANDERSON, ZACHERY 4218 12TH AVE S ST PETERSBURG FL 33711 ☒ Delete NAME ADDRESS ST-ZIP ☐ Delete NAME ADDRESS ST-ZIP ☐ Delete NAME ADDRESS ST-ZIP ☐ Delete	NAME ADDRESS ST-ZIP ☐ Delete NAME ADDRESS ST-ZIP ☐ Delete NAME ADDRESS ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition

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: *Cleveland Ferguson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)