

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000026339**

1. Entity Name

FLORIDA AUTO TAG AGENCY, INC.**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90046 034 ***150.00

Principal Place of Business

**190 N JEFFERSON ST
MONTICELLO FL 32344
US**

Mailing Address

**P O BOX 1
TALLAHASSEE FL 32302
US**

2. Principal Place of Business

3. Mailing Address

1155 W. Washington

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monticello

City & State

Zip

32344

Country

US

Zip

Country

4. FEI Number

59-3448980

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'STEEN, J X
177 SALEM COURT
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

O'Steen, J.C.

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

2900 E. Park Avenue**Suite A**

City

Tallahassee**FL**

Zip Code

32301

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

1-5-01

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	P	<input type="checkbox"/> Delete
NAME	LILES, PATRICIA	
STREET ADDRESS	2916 E PARK AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, JAMES	
STREET ADDRESS	2916 PARK AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	S	<input type="checkbox"/> Delete
NAME	LILES, BOB	
STREET ADDRESS	2916 E PRK AVE	
CITY-ST-ZIP	TALLAHASSE FL 32301	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01 (850) 877-2724

Date

Daytime Phone #

CR2E034 (10/00)