

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032781

1. Entity Name

OLDIES BUT GOODIES AUTO SALES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90038 033 ***150.00

Principal Place of Business

9571 CYPRESS LAKE DRIVE
 FT MYERS FL 33919

Mailing Address

9571 CYPRESS LAKE DRIVE
 FT MYERS FL 33919-4827

2. Principal Place of Business

9131 College Pkwy

3. Mailing Address

9131 College Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS FL

Zip

33919

Country

Zip

33919

Country

4. FEI Number

65-0743603

Applied For

Not Applicable

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

ROZINAK, WILLIAM E
 862 CYPRESS LAKE CIRCLE
 FT MYERS FL 33919

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVC ☐ Delete
 NAME ROZINAK, WILLIAM E
 STREET ADDRESS 862 CYPRESS LAKE CIRCLE
 CITY-ST-ZIP FT MYERS FL 33919

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

TITLE ST ☐ Delete
 NAME MARICLE, JEANNE A
 STREET ADDRESS 9571 CYPRESS LAKE DRIVE
 CITY-ST-ZIP FT MYERS FL 33919

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

TITLE D ☐ Delete
 NAME ROZINAK, WILLIAM E
 STREET ADDRESS 9571 CYPRESS LAKE DRIVE
 CITY-ST-ZIP FT MYERS FL 33919

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)