

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032781

1. Entity Name
OLDIES BUT GOODIES AUTO SALES, INC.

Principal Place of Business
9131 COLLEGE PKWY.
FT MYERS FL 33919

Mailing Address
9131 COLLEGE PKWY.
FT MYERS FL 33919

2. Principal Place of Business

13122 LANGTON CT

3. Mailing Address

13122 LANGTON CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS FL

Zip

33919

Country

Lee

Zip

33919

Country

Lee

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

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

7. Name and Address of New Registered Agent

Name ROZINAK, WILLIAM E.

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

13122 LANGTON CT.

City

FT MYERS

FL

Zip Code

33919

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	PVC	<input checked="" type="checkbox"/> Delete
NAME	ROZINAK, WILLIAM E	
STREET ADDRESS	862 CYPRESS LAKE CIRCLE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MARICLE, JEANNE A	
STREET ADDRESS	9571 CYPRESS LAKE DRIVE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROZINAK, WILLIAM E	
STREET ADDRESS	9571 CYPRESS LAKE DRIVE	
CITY-ST-ZIP	FT MYERS FL 33919	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZINAK, WILLIAM E.	
STREET ADDRESS	13122 LANGTON CT	
CITY-ST-ZIP	FT MYERS FL 33919	
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

Date

4/29/01

941-4893690

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90027 014 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)