

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90441 002 *1,350.00

10628



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000035301

1. Entity Name

SUNCOAST CAR MART, INC.

Principal Place of Business

Mailing Address

**5200 S. WASHINGTON AVE.
TITUSVILLE FL 32780****5200 S. WASHINGTON AVE.
TITUSVILLE FL 32780-7316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3442917

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DOWNING, ROBERT J JR.
5200 S. WASHINGTON AVE.
TITUSVILLE FL 32780**

Name

Ronald W. Anderson

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

5200 S. Washington Ave.

City

Titusville**FL**

Zip Code

32780

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

4/24/009. 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 State10. 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	P	<input type="checkbox"/> Delete
NAME	SMITH, GARY R	
STREET ADDRESS	5200 S. WASHINGTON AVE.	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lillian Clover	
STREET ADDRESS	5200 S. Washington Ave.	
CITY-ST-ZIP	Titusville, FL 32780	

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	DOWNING, ROBERT J	
STREET ADDRESS	5200 S. WASHINGTON AVE.	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Ernst	
STREET ADDRESS	5200 S. Washington Ave.	
CITY-ST-ZIP	Titusville, FL 32780	

TITLE	V	<input type="checkbox"/> Delete
NAME	SIEBEL, DONNA	
STREET ADDRESS	5200 S. WASHINGTON AVE.	
CITY-ST-ZIP	TITUSVILLE FL 32780	

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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, JOSEPH	
STREET ADDRESS	5200 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

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

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

Lillian Clover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lillian Clover, Secretary**4/24/00**
Date**(888) 782-7816**
Daytime Phone #

CR2E034 (9/99)