

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90066 041 ***150.00

DOCUMENT # P97000036500

1. Entity Name

LLOYD'S AUTO SALES, INC.

Principal Place of Business

**1120 SANFORD AVENUE
SANFORD FL 32771**

Mailing Address

**1120 SANFORD AVENUE
SANFORD FL 32771**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Lloyds Auto Sales Inc

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1120 Sanford Fla

City & State

Sanford, Florida

4. FEI Number

59-3442466

Applied For

Not Applicable

City & State

Zip

Country

32771

Seminole

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

**SINGH, LAKHAN P
233 S. ABERDEEN CIR.
SANFORD FL 32773**

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, 2002 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 **P** ☐ Delete
NAME **SINGH, LAKHAN P**
STREET ADDRESS **233 ABERDEEN CIR.**
CITY-ST-ZIP **SANFORD FL 38773**

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 (9/01)