

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047122

1. Entity Name

MIKE'S AUTOMOTIVE, INC.

R

Principal Place of Business

P.O. BOX 275  
SOPCHOPPY FL 32358

Mailing Address

P.O. BOX 275  
SOPCHOPPY FL 32358

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3459881

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

LOTT, MELINDA E.  
64 SATINWOOD DR  
CRAWFORDVILLE FL 32326

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LOTT, MICHAEL L  
64 SATINWOOD DRIVE  
CRAWFORDVILLE FL 32327 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
LOTT, MELINDA E  
64 SATINWOOD DRIVE  
CRAWFORDVILLE FL 32327 ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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 #

FILED  
Aug 23, 2000 8:00 am  
Secretary of State

08-23-2000 90029 016 \*\*\*150.00

A0074164



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

*Attachment Doc#*  
*P97600047122*  
*A0074164*

**LOUIS A. (Sonny) JONES  
AND ASSOCIATES**

*Certified Public Accountants, LLC*  
*Member AICPA*

6264 Old Water Oak Road • Tallahassee, Florida 32312  
2140-C Crawfordville Highway • Post Office Box 1205 • Crawfordville, Florida 32326

Tallahassee (850) 893-8811  
Crawfordville (850) 926-6079



August 18, 2000

Division Of Corporation  
Uniform Business Report  
P O Box 1500  
Tallahassee, FL 32302-1500

Re: Mikes Automotive , Inc

To Whom It May Concern:

Our client Mikes Automotive has brought it to our attention that this is the first Uniform Business Report that they have received this year. We request that the Division of Corporations abate the additional \$400.00 fee and accept the \$150.00 payment .

Sincerely,  
Louis A Jones & Associates