

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**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

**A0074164**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3459881</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b> |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |  |  |    |  |          |  |
|---|--|--|--|--|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent                     |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |    |  |          |  |
| LOTT, MELINDA <i>Σ</i><br>64 SATINWOOD DR<br>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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$550.00</b><br><b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LOTT, MICHAEL L</b>                    | NAME  |   |
| STREET ADDRESS             | <b>64 SATINWOOD DRIVE</b>                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>CRAWFORDVILLE FL 32327</b>             | CITY-ST-ZIP   |   |
| TITLE                      | <b>ST</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LOTT, MELINDA E</b>                    | NAME  |   |
| STREET ADDRESS             | <b>64 SATINWOOD DRIVE</b>                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>CRAWFORDVILLE FL 32327</b>             | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | 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: *Michael L. Lott* **MIKE L. LOTT** *8/18/00* *(850) 962-2650*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

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

*Certified Public Accountants, LLC  
Member AICPA*

Attachment Doc#  
P97600047122  
A0074164

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