## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 20, 2002 8:00 am Secretary of State P97000051687 DOCUMENT # Entity Name 05-20-2002 90051 049 \*\*\*150.00 DADE CITY AUTO SALES, INC. Mailing Address Principal Place of Business 20133 HWY. 301 20133 HWY 301 DADE CITY FL 33523 DADE CITY FL 33523 3. Mailing Address 2. Principal Place of Business P.O. BOX 196 P.O. Box 196 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3551115 Not Applicable LACOCCHEE LA COOCHEE \$8.75 Additional Country $\Box$ Country 5. Certificate of Status Desired Fee Required 33537 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOUTH, REBECCA J Street Address (P.O. Box Number is Not Acceptable) 20700 S. FORTY RD. LACOOCHEE FL 33537 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change Delete TITLE TITLE NAME SOUTH, REBECCA J NAME STREET ADDRESS 20700 S. FORTY RD. STREET ADDRESS CITY-ST-ZIP LACOOCHEE FL 33537 CITY-ST-ZIP ☐ Change Addition TITL F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change "Addition ¯ 🔲 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition [ ] Change TITLE Detete TITLE 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.

Daytime Phone #