

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053862

1. Entity Name

AUTO MAX AUTO'S, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90009 043 ***550.00

Principal Place of Business

1498 S. MCCALL ROAD
 ENGLEWOOD FL 34223

Mailing Address

1498 S. MCCALL ROAD
 ENGLEWOOD FL 34223

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2631 PLACIDA RD

3. Mailing Address

P.O. BOX 5242

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL

City & State

ENGLEWOOD, FL

4. FEI Number

59-3453767

Applied For

Not Applicable

Zip

34224

Country

U.S.

Zip

34224

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GREEN, JUDITH C
 1498 S. MCCALL ROAD
 ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

JUDITH C. GREEN

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

2631 PLACIDA RD.

City

ENGLEWOOD

FL

Zip Code

34224

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

Judith C. Green

9/10/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, JUDITH C	
STREET ADDRESS	7090 PARNELL TERRACE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARDICK, RUDOLPH L VPD	
STREET ADDRESS	PO BOX 320615	
CITY-ST-ZIP	COCOA BEACH FL 32932-0615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	WILLIAM GILLAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	115 SPYGLASS ALLEY	
STREET ADDRESS	CAPE HAZE, FL	
CITY-ST-ZIP	33946	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

Judith C. Green
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00
 Date

(941) 473-2274
 Daytime Phone #

CR2E034 (5/00)