

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058973

1. Entity Name
WESLEY AUTO SALES, INCORPORATED

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90066 041 ***150.00

Principal Place of Business

10770 GANDY BOULEVARD
ST. PETERSBURG FL 33702

Mailing Address

10770 GANDY BOULEVARD
ST. PETERSBURG FL 33702

2. Principal Place of Business

12020 GANDY BOULEVARD

Suite Apt. #, etc.
A.

City & State
ST. PETERSBURG FL.

Zip Country
33702 PINELLAS

3. Mailing Address

12020 GANDY BOULEVARD

Suite Apt. #, etc.
Suite A

City & State
ST. PETERSBURG FL.

Zip Country
33702 PINELLAS



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3461957

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWELL, CHARLES L
6165 136TH AVENUE NORTH
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PTD
NAME HOWELL, CHARLES L
STREET ADDRESS 6165 136TH AVENUE NORTH
CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete

TITLE VSD
NAME HOWELL, CHARLES W
STREET ADDRESS 10770 GANDY BOULEVARD
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 #

CR2E034 (10/00)