

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071954

1. Entity Name

SOUTHERN AUTO AIR & ACCESSORIES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90017 017 ***150.00

Principal Place of Business

Mailing Address

570 25TH STREET N.W.
NAPLES FL 34102

570 25TH STREET N.W.
NAPLES FL 34120-1842

2. Principal Place of Business

6000 Lee Ann Lane

3. Mailing Address

6000 Lee Ann Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples Florida

City & State

Naples Florida

4. FEI Number

65-0782884

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34109

Country

USA

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

GREENE, MICHAEL J
570 25TH STREET N.W.
NAPLES FL 34102

Name

Greene, Michael J

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

6000 Lee Ann Lane

City

Naples

FL

Zip Code
34109

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GREEN, MICHAEL JAY	
STREET ADDRESS	570 25TH ST NW	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	S	<input type="checkbox"/> Delete
NAME	GREENE, SUSAN JANE	
STREET ADDRESS	570 25TH ST NE	
CITY-ST-ZIP	NAPLES FL 34102	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gree, Michael J	
STREET ADDRESS	6000 Lee Ann Lane	
CITY-ST-ZIP	Naples FL 34109	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Green, Susan Jane	
STREET ADDRESS	6000 Lee Ann Lane	
CITY-ST-ZIP	Naples FL 34109	
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:

Michael J. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00
Date

(941) 514-2886
Daytime Phone #

CR2E034 (9/99)