

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076528

1. Entity Name

CHEQUERED FLAG AUTO SALES, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90051 016 ***150.00

Principal Place of Business

1001 E LINCOLN AVE
MELBOURNE FL 32901

Mailing Address

1001 E LINCOLN AVE
MELBOURNE FL 32901

00032885



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3463984

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLMAN, SHARON
1001 E LINCOLN AVE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name Talmadge P. Desha20 JR.

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

74 Mohican Way

City Melbourne Beach, FL

FL

Zip Code 32951

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 *Talmadge P. Desha20 JR.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HILLMAN, SHARON R. 907 HATTARAS TERRACE S.E. PALM BAY FL 32909 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Talmadge P. Desha20 JR. 74 Mohican Way Melbourne Beach, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HILLMAN, RONALD D. 907 HATTARAS TERRACE S.E. PALM BAY FL 32909 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ronald D. Hillman 8 Cleveland Place Lockport, NY 14094 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sharon R. Hillman Treasurer 8 Cleveland Place Lockport, NY 14094 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Helen M. Desha20 Secretary 74 Mohican Way Melbourne Beach, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Talmadge P. Desha20 JR.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01 (821) 951-4005

Date

Daytime Phone #

0076667

CP2E034 (10/00)