

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90861 013 ***150.00

DOCUMENT # P97000079751

1. Entity Name
BEST BUY AUTO SALES OF TAMPA, INC.

Principal Place of Business 1477N NEBRASKA AVE TAMPA FL 33613	Mailing Address 13910 N DALE MABRY STE 1 TAMPA FL 33618-2440 US
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2. Principal Place of Business	3. Mailing Address 3355 BEARSS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA, FLORIDA	4. FEI Number 59-3469271	Applied For <input type="checkbox"/> Not Applicable
Zip 33618	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**SANDERS, WALTERS
 13910 N DALE MABRY HWY
 SUITE ONE
 TAMPA FL 33618**

7. Name and Address of New Registered Agent
 Name **WALTER SANDERS**
 Street Address (P.O. Box Number is Not Acceptable)
3355 BEARSS AVE
 City **TAMPA** FL Zip Code **33618**

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 Walter S. Sanders (NOTE: Registered Agent signature required when reinstating) DATE 04/08/00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete EVANS, KESSEL H 16020 DAWNVIEW DRIVE TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GESTON, ERIC C 5607 N BRANCH AVENUE TAMPA FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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: ERIC GESTON Date 4-28-00 Daytime Phone # 813-977-6062

CR2E034 (9/99)