2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am DOCUMENT # **P97000085912** Secretary of State 1. Entity Name AUTOMOTIVE DOWNTOWN, INC. 02-13-2001 90590 043 ***150.00 Mailing Address Principal Place of Business 1125 W GARDEN ST 1125 W GARDEN ST PENSACOLA FL 32501 PENSACOLA FL 32501 00016908 2. Principal Place of Business 3. Mailing Address yas was earden st FU FORD FOR BERT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3482954 FNDACNA . ALK DROOGGIBA Not Applicable 39201 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Barbara Dannelly, DANNELLY, BARBARA Street Address (P.O. Box Number is Not Acceptable) 1425 W GARDEN ST KEST BALLEY PENSACOLA FL 32501 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO:OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VO TITLE Change ☐ Addition TITLE ☐ Delete DANNETLY, TYNGETT 135 WEST CHEDEN STREET NAME NAME DANNELLY, TYNDELL STREET ADDRESS STREET ADDRESS 1125 W GARDEN ST PENSOCUR, 71A. 33501 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 Change ☐ Addition ☐ Delete. 😽 TITLE TITLE DANNETY, BARBARA STEEL NAME NAME DUNNELLY, BARBARA STREET ADDRESS STREET ADDRESS 1125 W GARDEN ST DENDONARIA JARODONARIA CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Addition Change To TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.