

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088475

1. Entity Name

FIRST AUTO AND TRUCK SALES, INC.

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90001 020 ***150.00

Principal Place of Business

Mailing Address

2638 NORTH ST. RD. 21
#153
MELROSE FL 32666

7059 KING ST.
KEYSTONE HEIGHTS FL 32656-9177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3472522

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

7. Name and Address of New Registered Agent

ALMEIDA, JESSIE LEE
7059 KING STREET
KEYSTONE HEIGHTS FL 32656

Jesse No I

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 reuniting)

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 PD
NAME ALMEIDA, JESSIE LEE
STREET ADDRESS 7059 KING STREET
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME POLLETTA, THOMAS ALBERT
STREET ADDRESS 7059 KING STREET
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

☐ Delete

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☐ 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:

Jessie Almeida, Jesse No I

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00

Date

(352) 473-0654

Daytime Phone #

CR2E034 (9/99)