

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000092849**

1. Entity Name

**MCNABB'S AUTO SALES, INC.****FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90017 031 \*\*\*150.00

Principal Place of Business <b>318 SOUTH PACE BLVD. PENSACOLA FL 32501</b>	Mailing Address <b>318 SOUTH PACE BLVD. PENSACOLA FL 32501-5008</b>
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2. Principal Place of Business <b>318 SOUTH PACE BLVD</b>	3. Mailing Address <b>318 SOUTH PACE BLVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PENSACOLA, FLORIDA</b>	City & State <b>PENSACOLA, FLORIDA</b>
Zip <b>32501</b>	Country <b>UNITED STATES</b>
Country <b>UNITED STATES</b>	Zip <b>32501</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>MCNABB, JACKSON B JR. 318 SOUTH PACE BLVD. PENSACOLA FL 32501</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

4. FEI Number <b>59-3475990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of New Registered Agent	
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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCNABB, JOSEPH B 6314 SIGUENZA DRIVE PENSACOLA FL 32507</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCNABB, JOSEPH B 6170 SAUFLEY PINES ROAD PENSACOLA, FLORIDA 32526</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MCNABB, JACKSON B JR. 6090 YELLOW ROSE DRIVE PENSACOLA FL 32526</b> <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
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
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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:

**Jackson B. McNabb Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-00

Date

850-434-2998

Daytime Phone \*