

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90105 009 ***150.00

0561019

DOCUMENT # P97000097732

1. Entity Name

C & D AUTO SALES, INC.

Principal Place of Business

12819 W COLONIAL DR
OCOE FL 34787

Mailing Address

12819 W COLONIAL DR
OCOE FL 34787

LUUUU0136

2. Principal Place of Business

12819 W Colonial Dr
Suite, Apt. #, etc.

3. Mailing Address

12819 W Colonial Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Garden, FL

City & State

Winter Garden, FL

4. FEI Number

59-3480914

Applied For

Not Applicable

Zip

34787

Country

Zip

34787

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, GARY
8333 OLD SILVER STAR RD.
WINTER GARDEN FL 34887

7. Name and Address of New Registered Agent

Name

Gary Chambers

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

8833 Old Silver Star Rd

City

Orl

FL

Zip Code

34787

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

Gary Chambers

1-12-2001

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) ☐

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

TITLE **D** ☐ Delete
NAME **CHAMBERS, GARY**
STREET ADDRESS **834 N WINTER PARK RD**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete
NAME **Gary Chambers**
STREET ADDRESS **8833 Old Silver Star Rd**
CITY-ST-ZIP **Orl, FL 32818**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Gary Chambers

1-12-2001

407-905-0456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)