

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098458

1. Entity Name
CASH AND GO CAR SALES, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90083 045 ***550.00

Principal Place of Business

3020 N MAIN ST
STE A
GAINESVILLE FL 32609
US

Mailing Address

3020 N MAIN ST
STE A
GAINESVILLE FL 32609
US

A0072157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18475 N US 441

3. Mailing Address

P O Box 825

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEOPICK FL

City & State

Orange Lake, FL

4. FEI Number

59-3480810

Applied For

Not Applicable

Zip

32686

Country

USA

Zip

32681

Country

USA

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

MCDANIEL, JACKSON W
11221 N.W. 188TH STREET ROAD
MICANOPY FL 32667

Name

Larry Goodwin

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

6368 EAST PLACE

City

MCINTOSH

FL

Zip Code

32664

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MCDANIEL, JACKSON W-
11221 N.W. 188TH STREET ROAD
MICANOPY FL 32667 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RUBEN VALDES
13351 NE 75 STREET
BRONSON, FL 32621 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GOODWIN, L
6368 E PL
MCINTOSH FL 32664 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)