

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004692

1. Entity Name

AUTOMOBILE SPECIALISTS, INC.

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

03-03-2000 90008 017 ***158.75

Principal Place of Business

Mailing Address

1472 AIRPORT PULLING ROAD S.
NAPLES FL 34101

P.O. BOX 1149
AUBURN AL 36831

2. Principal Place of Business

11295 S Cleveland Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft Myers FL

City & State

4. FEI Number

65-0814828

Applied For

Not Applicable

Zip
33901

Country
Lee

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

SHIELDS, NANCY
1472 AIRPORT PULLING ROAD S.
NAPLES FL 34101

Name

Nancy Shields

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

11295 S Cleveland Ave

City

Ft Myers

FL

Zip Code

33901

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

2/15/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FULLER, H.D JR
802 DRUID ROAD W.
CLEARWATER FL 33756

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SHIELDS, NANCY
306 SAMFORD AVE
OPELIKA AL 36801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Nancy Shields
PO Box 1254
Auburn, AL 36831
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 334-801-7980
Date Daytime Phone #

CR2E034 (9/99)