

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006541

1. Entity Name

HAAGSMA AUTOMOTIVE GROUP, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90006 050 ***150.00

Principal Place of Business

14445 U.S. HWY. 19 NORTH
CLEARWATER FL 33764-7247

Mailing Address

150 McMULLEN BOOTH ROAD S.
CLEARWATER FL 33759

2. Principal Place of Business

150 S McMullen Booth Rd

3. Mailing Address

150 S McMullen Booth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

59-3487330

Applied For

Not Applicable

Zip

33759

Country

USA

Zip

33759

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

FOWLER, WHITE, GILLEN, BOGGS, ETAL
ATTN: OLGA M. PINA
501 E. KENNEDY BLVD, SUITE 1700
TAMPA FL 33602

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS HAAGSMA, D. PAUL
CITY-ST-ZIP 1320 GULF BLVD
BELLEAIR SHORE FL 33786

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 of 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

4-27-01 (727) 725-0005

Date Daytime Phone #

CR2E034 (10/00)