

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009115

Entity Name

ENDICOTT NISSAN, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90014 001 ***150.00

Principal Place of Business

Mailing Address

SOUTH FEDERAL HIGHWAY
POMPAHO BEACH FL 33062

1100 SOUTH FEDERAL HIGHWAY
POMPAHO BEACH FL 33062-7053

80023950

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0811221

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ENDICOTT, JOHN T
1345 SOUTH FEDERAL HIGHWAY
POMPAHO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

LE ME REET ADDRESS Y-ST-ZIP	PD ENDICOTT, THOMAS M 1345 SOUTH FEDERAL HIGHWAY POMPAHO BEACH FL 33062	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	STVD ENDICOTT, JOHN T 1345 SOUTH FEDERAL HIGHWAY POMPAHO BEACH FL 33062	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
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LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

JOHN T. ENDICOTT

1-3-00

954-986-4747

CR2E034 (9/99)