

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009188

1. Entity Name

FORMULA 1 AUTO SALES, INC.

7036 LONGLEAF CREEK DR.
PENSACOLA FL 32526

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90213 025 ***150.00

Principal Place of Business

7036 LONGLEAF CREEK DR.
PENSACOLA FL 32526

Mailing Address

7036 LONGLEAF CREEK DR.
PENSACOLA FL 32526-9356

2. Principal Place of Business

6340 N. PALATKA ST.

Suite, Apt. #, etc.

3. Mailing Address

6340 N. PALATKA ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA FL.

City & State

PENSACOLA FL.

4. FEI Number

59-3492220

Applied For

Not Applicable

Zip

32503

Country

ESC.

Zip

32503

Country

ESC.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SHANE A
7036 LONGLEAF CREEK DR.
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

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

1-14-00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ADAMS, SHANE
7036 LONGLEAF CREEK DR.
PENSACOLA FL 32526

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
ADAMS, LARA
7036 LONGLEAF CREEK DR.
PENSACOLA FL 32526

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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

Date

Daytime Phone #

1-14-00 (50) 475-1919