

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000020733**

1. Entity Name **12DA AUTO TRANSPORT INC**

FILED

01 OCT--2 PM 2:42

Principal Place of Business

Mailing Address

4036 EDISON AVE FT. MYERS FL 33916

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/31/01--01092--024

*****61.25 *****61.25

2. Principal Place of Business

3. Mailing Address

4036 EDISON AVE

4036 EDISON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33916

Country

USA

Zip

33916

Country

USA

2001 AMENDED UBR

4. FEI Number

65-2813805

Applied For

Not Applicable

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

**DAVID J. GLOVER
8101 LEAVES RD.
NORTH FORT MYERS FL 33903**

Name **DAVID J. GLOVER**

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

4036 EDISON AVE

City **FT. MYERS**

FL

Zip **33916**

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 **DAVID J. Glover**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/1/2001

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	PRESIDENT	☐ Delete
NAME	DAVID J. Glover	
STREET ADDRESS	1507 BARNBURN ST.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	TREASURER	☐ Delete
NAME	WILLIAM P. GLOVER II	
STREET ADDRESS	172 DOW LANE	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	SECRETARY	☒ Delete
NAME	NANCY B. Glover	
STREET ADDRESS	172 DOW LANE	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	RON KOUMLSKY Vice President	☐ Delete
NAME	300 WARFIELD AVE S.	
STREET ADDRESS	VENICE FL 33284	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	☐ Change ☒ Addition
NAME	DIAN GLOVER	
STREET ADDRESS	295 BUFFALO WAY	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	VICE PRESIDENT MFS	☐ Change ☒ Addition
NAME	CHERYL BARANSKI	
STREET ADDRESS	1795 POWELL DR.	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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

WILLIAM P. GLOVER (TREASURER)

Date

Daytime Phone #

10/1/2001

941 337-4404

CR2E034 (11/00)