

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**  
 04-20-2000 90020 032 \*\*\*150.00

DOCUMENT # **P98000025486**

1. Entity Name

**AA- Better Used Cars Inc.**

Principal Place of Business

Mailing Address

**6929 US-19  
 NEW PORT RICHEY FL 34662**

**7711 GRAND BLVD.  
 SUITE 101  
 PORT RICHEY FL  
 34668**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3497366**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**Revne, John K II  
 7637 LITTLE ROAD  
 NEW PORT RICHEY FL 34654**

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, 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 **PRES.** ☐ Delete  
 NAME **DANIEL V HORNER**  
 STREET ADDRESS **10909 CANOY LANE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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

TITLE **V PRES.** ☐ Delete  
 NAME **NORMAN S APPLEBAUM**  
 STREET ADDRESS **7711 GRAND BLVD #101**  
 CITY-ST-ZIP **PORT RICHEY, FL 34668**

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

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 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

**NORMAN S APPLEBAUM V. PRES**

Date

Daytime Phone #

**4/14/00**

**727 517 8044**

CR2E034 (9/99)