

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000025486**1. Entity Name  
AA-BETTER USED CARS, INC.

## Principal Place of Business

6929 US-19  
NEW PORT RICHEY FL  
34652

## Mailing Address

7711 FRAND BLVD.  
SUITE 101  
PORT RICHEY FL  
34668

## 2. Principal Place of Business

## 3. Mailing Address

7711 GRAND BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE 101

City &amp; State

City & State  
PORT RICHEY FL

Zip

Country

Zip

Country

34668

## 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

RENKE JOHN KII  
7637 LITTLE ROADNEW PORT RICHEY FL  
34654 US

## 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)

01/16/2001

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete
NAME	HORNER DAN	
STREET ADDRESS	10909 CARVAN LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VP	<input type="checkbox"/> Delete
NAME	APPLEBAUM NORMAN S	
STREET ADDRESS	7711 GRAND BLVD # 101	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APPLEBAUM NORMAN S	
STREET ADDRESS	7711 GRAND BLVD.#101	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APPLEBAUM NORMAN S	
STREET ADDRESS	7711 GRAND BLVD.#101	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEBAUM NORMAN	
STREET ADDRESS	7711 GRAND BLVD. #101	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** NORMAN S APPLEBAUM

P

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)