

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90048 006 ***150.00

0019421 AV

DOCUMENT # P98000033819

1. Entity Name
MACK SPEERS USED CAR, INC.

Principal Place of Business
**212 LAMBERT AVE
FLAGLER BEACH FL 32136**

Mailing Address
**533 N NOVA ROAD STE 115
ORMOND BEACH FL 32174**



2. Principal Place of Business

3. Mailing Address

212 Lambert Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Flagler Beach, Fl.

4. FEI Number

59-3507236

Applied For

Not Applicable

Zip

Country

Zip

32136

Country

USA

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

**CLARK, JOSEPH P
533 N NOVA ROAD STE 115
ORMOND BEACH FL 32174**

Name

Mack Speers

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

212 Lambert Ave.

City

Flagler Beach

FL

Zip Code
32136

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 **X** *Mack Speers*

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

(NOTE: Registered Agent signature required when reinstating)

January 21, 2002

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, 2002 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 **D** ☐ Delete
NAME **SPEERS, MACK**
STREET ADDRESS **212 LAMBERT AVE**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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: **X** *Mack Speers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 21, 2002

Date

Daytime Phone #

CR2E034 (9/01)