

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046494

1. Entity Name

M N M AUTO AND TRUCK SALES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90111 036 ***150.00

Principal Place of Business

Mailing Address

56 S PINE
 Ocala FL 34474
 US

P.O. BOX 770855
 Ocala FL 34477-0855

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34474

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3518961

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

MATHAY, CARL
 1800 NW 112TH AVENUE
 Ocala FL 34482

Name

MATHAY, CARL

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

6659 NE 90TH ST RD

City

ANTHONY

FL

Zip Code

32617

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | MONROE, HAROLD E | |
| STREET ADDRESS | 6351 SW 103 LANE | |
| CITY-ST-ZIP | OCALA FL 34476 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------|--|
| TITLE | P-V-T-S-D-C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATHAY, CARL | |
| STREET ADDRESS | 6659 NE 90TH ST RD | |
| CITY-ST-ZIP | ANTHONY, FL 32617 | |
| 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 | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

Carl Mathay

CARL MATHAY

Date

4-25-00

Daytime Phone #

352-679-6060

CR2E034 (9/99)