

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049343

1. Entity Name

HAPPY AUTO BROKERS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90056 017 ***150.00

Principal Place of Business

Mailing Address

1313 W. KING ST
COCOA FL 32922
US

1313 W. KING ST
COCOA FL 32922-8693
US

2. Principal Place of Business

2120 W. HWY 520

3. Mailing Address

1851 LONG IRON DR

Suite, Apt. #, etc.

#129

Suite, Apt. #, etc.

#902

City & State

Cocoa, FL

City & State

Viera, FL

Zip

Country

32926 U.S.A.

Zip

Country

32955 U.S.A.

4. FEI Number

59-3517582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARTELL, DEBORAH V
1851 LONG IRON DR
#902
VIERA FL 32955

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)

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAIO, PAMELA	
STREET ADDRESS	2895 RAINTREE LAKE CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BAIO, L. STEPHEN	
STREET ADDRESS	2895 RAINTREE LAKE CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WARTELL, ROBERT B	
STREET ADDRESS	1851 LONG IRON DR, #902	
CITY-ST-ZIP	VIERA FL 32955	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WARTELL, DEBORAH V	
STREET ADDRESS	1851 LONG IRON DR, #902	
CITY-ST-ZIP	VIERA FL 32955	
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		<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		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T.D	<input checked="" 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		
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: Robert B. Wartell ROBERT B. WARTELL 3-20-00 321-543-6126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)