

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90027 024 ***150.00

DOCUMENT # P98000051586

1. Entity Name

BLESSINGS FAMILY AUTO SALES INC.

Principal Place of Business

Mailing Address

**3 TENNESSEE LANE
 AUBURNDAL FL 33823
 US**

**3 TENNESSEE LANE
 AUBURNDAL FL 33823-4020
 US**

80019427



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3514585

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CULVAHOUSE, JAMES L
 16 TENNESSEE LN.
 AUBURNDAL FL 33823**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, JAMES DONALD SR.	
STREET ADDRESS	16 TENNESSEE LN.	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULVAHOUSE, LORI A	
STREET ADDRESS	16 TENNESSEE LN.	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, GERALDINE	
STREET ADDRESS	16 TENNESSEE LN.	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

James Donald Rice Sr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

863-965-7009

Date

Daytime Phone #

CR2E034 (9/99)