

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053359

1. Entity Name

TURNPIKE AUTO, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90128 046 ***150.00

Principal Place of Business

35 N.E. 29TH STREET
WILTON MANORS FL 33334-1023

Mailing Address

35 N.E. 29TH STREET
WILTON MANORS FL 33334-1023

2. Principal Place of Business

35 N.E. 29 ST

3. Mailing Address

35 N.E. 29 ST

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

WILTON MANORS FL

City & State

WILTON MANORS FL

Zip

33334-1023

Country

FLORIDA

Zip

33334-1023

Country

FLORIDA

6. Name and Address of Current Registered Agent

COPPLE, ROBERT
35 N.E. 29TH STREET
WILTON MANORS FL 33334-1023

4. FEI Number

65-0847912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 ☐ Delete
NAME COPPLE, ROBERT
STREET ADDRESS 35 N.E. 29TH STREET
CITY-ST-ZIP WILTON MANORS FL 33334-1023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT COPPLE PRES. 1/22/00 (954) 979-3454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #