

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061757

1. Entity Name

RON'S USED CARS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90206 014 ***150.00

Principal Place of Business

Mailing Address

6104 NORTH PALAFOX STREET
PENSACOLA FL 32503

6104 NORTH PALAFOX STREET
PENSACOLA FL 32503-7620

2. Principal Place of Business

3. Mailing Address

6119 N Palafox St
Suite, Apt. #, etc.

6119 N Palafox St
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA FL

City & State
PENSACOLA FL

4. FEI Number 59-3519952

Applied For

Not Applicable

Zip
32503

Country
ESCAMBIA

Zip
32503

Country
ESCAMBIA

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

ADAMS, RONALD W JR.
6104 NORTH PALAFOX STREET
PENSACOLA FL 32503

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	ADAMS, RONALD W JR.	
STREET ADDRESS	6104 NORTH PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL 32503	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, RONALD W JR	
STREET ADDRESS	2731 Blackwood Dr	
CITY-ST-ZIP	Cantonment, FL 32533	
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		<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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00
Date

(850)4759365
Daytime Phone #

CR2E034 (9/99)