

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91149 029 ***158.75

DOCUMENT # P98000066397

1. Entity Name
BILLY'S AUTO SALES, INC.

Principal Place of Business

**3482 COMMERCIAL WAY
 STE C
 SPRING HILL FL 34606**

Mailing Address

**3482 COMMERCIAL WAY
 STE C
 SPRING HILL FL 34606**

2. Principal Place of Business

3480 COMMERCIAL WAY

3. Mailing Address

3480 COMMERCIAL WAY

Suite, Apt. #, etc.

STE B

Suite, Apt. #, etc.

STE B

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3524450**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TSOMPANIDIS, KIMBERLY A
 3482 COMMERCIAL WAY
 STE. C
 SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name **TSOMPANIDIS, WILLIAM J**
 Street Address (P.O. Box Number is Not Acceptable)
3480 COMMERCIAL WAY
STE B
 City **SPRING HILL** FL **34606**

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 **William Tsompanidis, PRESIDENT**

4-24-01

Signature, typed or printed name of registered agent and title, 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST TSOMPANIDIS, KIMBERLY A 3482 COMMERCIAL WAY, STE C SPRING HILL FL 34606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TSOMPANIDIS, WILLIAM J. 3480 COMMERCIAL WAY STE B SPRING HILL FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSOMPANIDIS, KIMBERLY A 3482 COMMERCIAL WAY, STE C SPRING HILL FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3480 COMMERCIAL WAY STE B SPRING HILL FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

William Tsompanidis, PRESIDENT 4-24-01 727-845-0432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)