

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066700

1. Entity Name

T & C AUTO SALES, INC.

FILED

01 JAN 10 AM 11:26

Principal Place of Business

1234 LAKE DRIVE
COCOA FL 32922
BR

Mailing Address

P O BOX 3146
COCOA FL 32924
BR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1234 LAKE DR
Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 3146
Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Cocoa FL

Zip

32922

Country

BREVARD

Zip

32924

Country

BREVARD

REINSTATEMENT 2000

4. FEI Number

59-3525853

Applied For?
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASIMIR, KAY
1234 LAKE DR.
COCOA FL 32922

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME CASIMIR, KAY
STREET ADDRESS 1234 LAKE DR.
CITY-ST-ZIP COCOA FL 32922

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900003602609--5
-01/30/01--01076--017
****750.00 ****750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900003602609--5
-01/30/01--01076--018
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

Kay Casimir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/00

Date

Daytime Phone #

CR2E034 (5/00)