

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077179

1. Entity Name

Bob Hanson Jr's All American Auto, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 AM 11:58

Principal Place of Business

Mailing Address

7200 Park Blvd
Suite 16
Pinellas Park, FL 33781

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3532502

Applied For

Not Applicable

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

Accounting & Tax Help, Inc.
8668 Park Blvd. Ste-D
Seminole, FL 33777

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P.T.
Bob Hanson Jr.
7200 Park Blvd
Pinellas Park, FL 33781-2919

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.D.
Bob Hanson Jr.
7200 Park Blvd Ste 16
Pinellas Park, FL 33781

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime phone #

5-31-00

398-6011

2000 F000000000

To: Dept. of State

Division of Corporations

I am writing this letter in response to filing my 2000 Uniform Business Report. I had not received my Report as I was ill and out of the state. Please abate my \$400 penalty as I was unaware it was due May 1st. I have indicated my new address on Report, everything else is the same. I have enclosed \$150 for the Business Report Filing, again please forgive me for my late filing.

Yours truly , thanking you in advance
Robert Hanson

06-01-00

RW 