2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084775 1. Entity Name THE JEURETARY OF STATE OF TISION OF CORPORATIONS LITZ ENTERPRISES, INC. 00 AUG 23 AM IO: 57 Principal Place of Business Mailing Address 822 FOUNTAIN DRIVE **822 FOUNTAIN DRIVE** AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3533820 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LITZ RORY P Street Address (P.O. Box Number is Not Acceptable) **822 FOUNTAIN DRIVE** <u> 6000003384</u> AMELIA ISLAND FL 32034 -09/06/00--01113-8. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS Change ☐ Addition □ Delete TITLE TITLE LITZ, RORY P NAME NAME **822 FOUNTAIN DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AMELIA ISLAND FL 32034 CITY-ST-7IP Change ☐ Addition DVPT ☐ Delete TITLE TITLE LITZ. SANDRA K NAME STREET ADDRESS **822 FOUNTAIN DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP AMELIA ISLAND FL 32034 Change ☐ Addition TITLE TITLE Delete NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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:

SOME AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

8/18/00

904-277-477

Daytime Phone #

July 24, 2000

To Whom It May Concern:

Enclosed please find the annual corporate reports for Litz Enterprises, Inc. and Benson/Litz, Inc., dba Amelia Auto World. We ask that the penalty of \$500 be waived as Mr. Litz (owner) has been hospitalized since January 2000 until now. If you have any questions or I can be of further service to you please feel free to call me at 904-277-4777.

Sincerely,

Sandra K. Litz

8/18(0)