

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085096

1. Entity Name

M & L AUTO SALES, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90088 031 ***150.00

Principal Place of Business

Mailing Address

1855 HWY 17 NORTH
FT MEADE FL 33841

1855 HWY 17 NORTH
FT MEADE FL 33841

2. Principal Place of Business

3. Mailing Address

1855 Hwy 17 North
Suite, Apt. #, etc.

1855 Hwy 17 N.
Suite, Apt. #, etc.

City & State

City & State

FT. Meade FL

FT. Meade FL

Zip

Country

Zip

Country

33841

U.S.

33841

U.S.

4. FEI Number

59-3385851

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

MEDINA, SANTOS
3280 LANIER RD
FT MEADE FL 33840

Name

N-17

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 ☐ Delete
NAME D
STREET ADDRESS MEDINA, SANTOS JR
CITY-ST-ZIP 3280 LANIER RD
FT MEADE FL 33841

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS JENKINS, RICHARD
CITY-ST-ZIP 607 FORMOSA AVE
BATOW FL 33830

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MEDINA, ANGELITA L
CITY-ST-ZIP 3280 LANIER RD
FT MEADE FL 33841

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS JENKINS, VICKY M
CITY-ST-ZIP 607 FORMOSA AVE
BARTOW FL 33830

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00

863-285-6010

CR2E034 (9/99)