## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **P98000096540** NORTHSIDE AUTO BROKERS, INC. 04-28-2000 90058 008 \*\*\*150.00 Mailing Address Principal Place of Business 344 PONDELLA ROAD 344 PONDELLA ROAD NORTH FORT MYERS FL 33903-4321 NORTH FORT MYERS FL 33903 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0878720 Not Applicable Country \$8.75-Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRABOWSKI, MARK E Street Address (P.O. Box Number is Not Acceptable) 344 PONDELLA ROAD NORTH FORT MYERS FL 33903 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition ☐ Delete TITLE TITLE GRABOWSKI, MARK E NAME NAME STREET ADDRESS 1925 SE 9TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL 33990 Addition Change Delete TITLE TITLE CURRY, MARGARET E NAME NAME STREET ADDRESS 1925 SE 9TH TERRACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-7IF ☐ Addition ☐ Delete Change TITI F 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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.

Changed, or on an attendant with an address, with an other line on powered

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