FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

## Mar 20, 2001 8:00 am DOCUMENT # P99000005550 **Secretary of State** LAKE WEIR AUTO SALES, INC. 03-20-2001 90011 027 \*\*\*150.00 Principal Place of Business Mailing Address 13630 E. HWY 25 PO BOX 1127 OCKLAWAHA FL 32179 OCKLAWAHA FL 32183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3556748 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESTES, LAURA C 12610 SE 141ST AVE RD OCKLAWAHA FL 32179 City 8. The above named entity submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 3 d or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete ☐ Addition TITLE TITLE Change PHEIL, JESSIE C JR NAME NAME STREET ADDRESS STREET ADDRESS 13630 E. HWY 25 CITY-ST-ZIP CITY-ST-ZIP OCKLAWAHA FL 32179 ☐ Addition TITLE TITLE 🖊 Delete ESTES, LAURA C NAME NAME STREET ADDRESS 13630 E. HWY 25 STREET ADDRESS CITY-ST-7IP OCKLAWAHA FL 32179 CITY-ST-ZIP ☐ Addition TITLE **Change** TITLE Delete ESTES, LAURA C NAME NAME STREET ADDRESS 13630 E. HWY 25 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OCKLAWAHA FL 32179 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Jessie Gall