

Page 1 of 2

FILED

00 DEC 22 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Mailing Address**

5505 BEACH BLVD.  
JACKSONVILLE FL 32207-5160

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

05-01-2000 9033 00 1540

4. File Number

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	<input type="checkbox"/> Deleted
NAME	IQBAL, TONY	
STREET ADDRESS	5505 BEACH BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL 32207	

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NAME	IQBAL, TONY	
STREET ADDRESS	5505 BEACH BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL 32207	

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Deleted
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Deleted
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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-00

904-393-9008  
Daytime Phone #

Charles A. Sears

Certified Public Accountant

P99000020249

Page 2 of 2

Accounting, Financial and Tax Services

December 18, 2000

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida

Re: --Administrative Dissolution  
Tony's Auto Sales of Jacksonville, Inc.  
Document #P99000020249

Dear Sir or Madam,

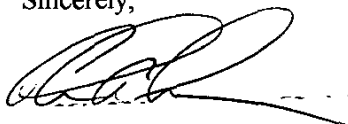
The above corporation has been apparently administratively dissolved though the corporate annual report was filed and the fees paid timely.

Enclosed is a copy of the taxpayers canceled check for \$150.00 which cleared the Department of State on April 28, 2000.

What else do you need to fix this snafu?

Happy Holidays!

Sincerely,



Charles A. Sears  
Certified Public Accountant

cc: Mr. Tony Iqbal