2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State
04-05-2000 90120 022 ***150.00

DOCUMENT # P99000021131

1. Entity Name

AUBREY'S AUTO SALES, INC.

Principal Place of Business	Mailing Address
500 N.E. 6TH AVE. DELRAY BEACH FL 33483	500 N.E. 6TH AVE. DELRAY BEACH FL 33483-6127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 2612 N Fed Hwy		Suite, Apt. #, etc. 2612 N Fed Hwy	
City & State Delray Bch FL		City & State Delray Bch FL	
Zip 33483	Country P.B.	Zip 33483	Country PB

4. FEI Number ~~22~~ 650905259 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHONE, LARRY T.
500 N.E. 6TH AVE.
DELRAY BEACH FL 33483

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 Rex W Aubrey [signature] 3-14-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AUBREY, TRACY A 500 N.E. 6TH AVE. DELRAY BEACH FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Aubrey, Rex W 3892 Winfield RD Boynton Bch FL 33436	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD AUBREY, REX W 500 N.E. 6TH AVE. DELRAY BEACH FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Aubrey Tracy A 3983 Black Forest Circle Boynton Bch FL 3343[illegible]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] Rex W Aubrey VP 3-14-00 561-272-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #