

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022876

1. Entity Name

GARNER'S FAMILY MOTORS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90008 029 ***150.00

Principal Place of Business

Mailing Address

4501 49TH ST., NORTH
ST. PETERSBURG FL 33709

4501 49TH ST., NORTH
ST. PETERSBURG FL 33773-5523

2. Principal Place of Business

3. Mailing Address

11395 66th ST. N
Suite, Apt. #, etc.

11395 66th ST. N
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Largo FL

Largo FL

Zip 33773 Country pinellas

Zip 33773 Country pinellas

4. FEI Number

Applied For

59-3569781

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

GARNER, BOB
4501 49TH ST., NORTH
ST. PETERSBURG FL 33709

Robert L. Garner
11395 66th ST. N
Largo, FL 33773

Name Robert L. Garner

Street Address (P.O. Box Number is Not Acceptable)

11395 66th ST. N

City Largo, FL

FL

Zip Code 33709

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 Robert L. Garner

Robert L. Garner

4-3-00

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 D ☒ Delete
NAME GARNER, BOB
STREET ADDRESS 4501 49TH ST., NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33709

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

4-3-00

727-546-7746

CR2E034 (9/99)