

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90079 011 ***150.00

DOCUMENT # P99000023823

1. Entity Name

PAUL'S AUTO SALES OF ORANGE CITY, INC.

Principal Place of Business

Mailing Address

531 S. VOLUSIA AVE.
 ORANGE CITY FL 32763

531 S. VOLUSIA AVE.
 ORANGE CITY FL 32763-6501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3559641

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EBERSOLE, DELPHA A
43 SMYRNA DR.
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name **ANN THOMAS**
 Street Address (P.O. Box Number is Not Acceptable)
452 BALI TERR
 City **DELTONA** FL Zip Code **33725**

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 *Ann Thomas* **ANN THOMAS** **PRESIDENT** **1-3-00**
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

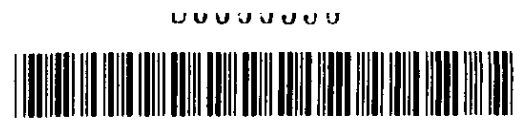
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EBERSOLE, DELPHA A	
STREET ADDRESS	43 SMYRNA DR.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JIMENEZ, ROBIN E	
STREET ADDRESS	1313 MOLLIE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN THOMAS	
STREET ADDRESS	452 BALI TERR	
CITY-ST-ZIP	DELTONA FL 33725	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL THOMAS	
STREET ADDRESS	452 BALI TERR	
CITY-ST-ZIP	DELTONA FL 33725	
TITLE	JIMMIE CARLISLE II	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	3808 LAKE HELEN OSTEEN RD	
CITY-ST-ZIP	DELTONA FL 33738	
TITLE	SECRETARY + TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINE CARLISLE	
STREET ADDRESS	3808 LAKE HELEN OSTEEN RD	
CITY-ST-ZIP	DELTONA FL 33738	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Delpha Ebersole* **DELPHA EBERSOLE** **1-3-00** **9047758444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE