

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025883

1. Entity Name

SASSEN AUTO INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90398 013 ***150.00

Principal Place of Business

Mailing Address

7826 CAUSEWAY BOULEVARD, UNIT D
TAMPA FL 33619

7826 CAUSEWAY BOULEVARD, UNIT D
TAMPA FL 33619-6572

2. Principal Place of Business

3. Mailing Address

7828 CAUSEWAY Blvd # B
Suite, Apt. #, etc. # B

7828 CAUSEWAY Blvd # B
Suite, Apt. #, etc. # B

City & State

TAMPA, FL

City & State

TAMPA, FLA

4. FEI Number

59-356-5521

Applied For

Not Applicable

Zip

33619

Country

Hillsborough

Zip

33619

Country

Hillsborough

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

TAYLOR SASSEN, DEBORAH
7826 CAUSEWAY BOULEVARD, UNIT D
TAMPA FL 33619

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME TAYLOR SASSEN, DEBORAH
STREET ADDRESS 7826 CAUSEWAY BOULEVARD, UNIT D
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE Address change ☐ Change ☐ Addition
NAME
STREET ADDRESS 7828 CAUSEWAY Blvd # B
CITY-ST-ZIP TAMPA, FLA 33619 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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:

Deborah Taylor Sassen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00

813-623-1665