

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90330 005 \*\*\*150.00

**DOCUMENT # P99000025883**

1. Entity Name  
**SASSEN AUTO INC.**

Principal Place of Business

**7828 CAUSEWAY BL # B  
 TAMPA FL 33619**

Mailing Address

**7828 CAUSEWAY BL # B  
 TAMPA FL 33619**

2. Principal Place of Business

**2615 NW 1<sup>st</sup> Avenue  
 Suite, Apt. #, etc.  
 # A**

3. Mailing Address

**2728 TROPICAL LAKE DR  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**High Springs, FLA**

City & State

**Kissimmee, FLA**

4. FEI Number **59-3565521**

Applied For

Not Applicable

Zip

**32643**

Country

**Alachua**

Zip

**34741**

Country

**Oseola**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Deborah Taylor Sassen**

Street Address (P.O. Box Number is Not Acceptable)  
**2728 TROPICAL LAKE DR**

City **Kissimmee**

**FL**

Zip Code **34741**

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 **Deborah Taylor Sassen, Pres.**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4-12-01**

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, 2001 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** ☐ Delete  
 NAME **TAYLOR SASSEN, DEBORAH**  
 STREET ADDRESS **7828 CAUSEWAY BLVD #B**  
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2728 TROPICAL LAKE DR**  
 CITY-ST-ZIP **Kissimmee, FLA 34741**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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: **Deborah Taylor Sassen, Deborah Taylor Sassen** **4-12-01** **813 478-6449**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)