

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027493

1. Entity Name

AUTOMOBILE LIEN SERVICE INC.

Principal Place of Business

Mailing Address

1009 10TH CT.
PALM BCH GARDEN FL 33410

1009 10TH CT.
PALM BCH GARDEN FL 33410-5110

2. Principal Place of Business

1009 10th Ct.

Suite, Apt. #, etc.

N/A

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Address

1009 10th Ct.

Suite, Apt. #, etc.

N/A

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

4. FEI Number

65-0916431

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESANTIS, S. RENEE
1009 10TH CT.
PALM BCH GARDEN FL 33410

7. Name and Address of New Registered Agent

Name S. Renee Desantis

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

1009 10th Ct.

City

Palm Beach Gardens FL

Zip Code

33410

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

S. Renee Desantis

(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 NAME STREET ADDRESS CITY-ST-ZIP	President S. Renee Desantis 1009 10th Court Palm Beach Gardens, Florida 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

S. Renee Desantis S. Renee Desantis President

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

(561) 625-6411

FILED
May 22, 2000 8:00 am
Secretary of State

04-24-2000 90156 046 ***150.00



DO NOT WRITE IN THIS SPACE

0314 13/99