

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90165 039 ***150.00

DOCUMENT # P99000027493

1. Entity Name
AUTOMOBILE LIEN SERVICE INC.

Principal Place of Business
1009 -10TH CT.
PALM BCH GARDEN FL 33410

Mailing Address
1009 -10TH CT.
PALM BCH GARDEN FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

321 Northlake Blvd
Suite Apt. #, etc.
Ste 116C

3. Mailing Address

321 Northlake Blvd.
Suite Apt. #, etc.
Ste 116C

City & State
North Palm Beach, FL

City & State
North Palm Beach

4. FEI Number 65-0916431

Applied For
Not Applicable

Zip Country
33408 Palm Beach

Zip Country
33408 Palm Beach

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

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

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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DESANTIS, S. RENEE	1009 -10TH CT.	PALM BEACH GRDNS FL 33410	

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)