

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027903

1. Entity Name

BASIL AUTO SALES & REPAIRS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90181 020 ***155.00

Principal Place of Business

1791 TILL-STREAM DRIVE
ORLANDO FL 32818

Mailing Address

1791 TILL-STREAM DRIVE
ORLANDO FL 32818-4777

2. Principal Place of Business

3323 W. CENTRAL AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

Zip

32805

Country

ORANGE

Country

4. FEI Number

593567099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, BASIL
C/O BASIL MORISON
1791 TILL-STREAM DRIVE
ORLANDO FL 32818

7. Name and Address of New Registered Agent

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

BASIL MORRISON

Basil Morrison President

4/26/2000

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 type="checkbox"/> Delete
NAME	MORRISON, BASIL	
STREET ADDRESS	1791 TILL-STREAM DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, MARCIA	
STREET ADDRESS	1791 TILL-STREAM DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Basil Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000

Date

(407) 523 7505
Daytime Phone #

CR2E034 (9/99)