

2000 UNIFORM BUSINESS REPORT (UBR)

4

FILED

May 04, 2000 8:00 am
Secretary of State

04-18-2000 90141 046 ***150.00

DOCUMENT # P99000034565

1. Entity Name

THOROUGHbred AUTO SALES, INC.

Principal Place of Business

Mailing Address

765 S.W. 80TH STREET
OCALA FL 34476

765 S.W. 80TH STREET
OCALA FL 34476-4908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

59-3570730

4. FEI Number

59-1349759

Applied For

Not Applicable

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

KIRKPATRICK, W R
765 S.W. 80TH STREET
OCALA FL 34476

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: KIRKPATRICK, W R
STREET ADDRESS: 765 S.W. 80TH STREET
CITY-ST-ZIP: Ocala FL 34476 ☐ Delete

TITLE: ~~PRESIDENT~~
NAME: ~~ANTHONY WHITE~~
STREET ADDRESS: ~~VOID - ERROR~~
CITY-ST-ZIP: ☐ Change ☒ Addition

TITLE: ~~PRESIDENT~~
NAME: ~~JOHN SERGIO~~
STREET ADDRESS: ~~4 HEMLOCK TERR. RUN~~
CITY-ST-ZIP: ~~OCALA FL 34472~~ ☒ Delete

TITLE: ~~PRESIDENT~~
NAME: ~~DONALD ZINN~~
STREET ADDRESS: ~~14 N. ROBINHOOD RD.~~
CITY-ST-ZIP: ~~INVERNESS FL 34450~~ ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE: ~~SEC. TREASURER~~
NAME: ~~ANTHONY WHITE~~
STREET ADDRESS: ~~2738 NE 31ST PLACE~~
CITY-ST-ZIP: ~~OCALA FL 34471~~ ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

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

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STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W R Kirkpatrick

4-5-00

352 237 3849