

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042447

1. Entity Name

TOWN & COUNTRY AUTO SALES, INC.



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90004 022 ***150.00

Principal Place of Business

3727 US HWY 19
NEW PORT RICHEY FL 34652

Mailing Address

3727 US HWY 19
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3573333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIMP, ROY L SR.
7626 DEER FOOT DR.
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name ROY L. WIMP SR.

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

3727 US HWY 19

City NEW PORT RICHEY

FL

Zip Code 34652

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME **DP**
STREET ADDRESS **WIMP, ROY L SR.**
CITY-ST-ZIP **7626 DEER FOOT DR.**
NEW PORT RICHEY FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-00
Date

727-847-0771
Daytime Phone #

CR2E034 (5/00)

Attachment p 990000 42447 DW79579
8-11-00

To Whom It May Concern

I Roy L. Wlirip Sr. Am New AT The
Corporations Business. I WAS NOT AWARE OF THE
YEARLY FEE FOR THE CORPORATION. THE FIRST
NOTICE MUST HAVE BEEN SENT TO MY HOME AND
I DID NOT SEE IT OR IT WASNT SENT. IF I
HAD SEEN IT I WOULD HAVE MAILED THE \$150.00
RIGHT OF WAY. PLEASE ACCEPT MY APOLOGY AND
PAYMENT OF \$150.00. IT WILL NEVER HAPPEN
AGAIN.

Thank You

Roy L. Wlirip Sr.

OWNER Town & Country Auto Sales Inc.

R. L. Wlirip Sr.