

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058329

1. Entity Name  
LAKESIDE AUTO SALES, INC.



**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90011 015 \*\*\*150.00

Principal Place of Business  
4035 W. KENNEDY BLVD.  
TAMPA FL 33609

Mailing Address  
4035 W. KENNEDY BLVD.  
TAMPA FL 33609

2. Principal Place of Business  
1214 W. Brandon Fl.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1572  
Suite, Apt. #, etc.

City & State  
Brandon FL  
Zip 33511  
Country U.S.A.

City & State  
Valrico FL  
Zip 33595  
Country U.S.A.

4. FEI Number 59-3585518  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BOVA, ROBERT J  
4035 W. KENNEDY BLVD.  
TAMPA FL 33609

7. Name and Address of New Registered Agent  
Name Alvin Coulter  
Street Address (P.O. Box Number is Not Acceptable)  
802 OAK GROVE DRIVE  
Unit 247  
City Brandon FL Zip Code 33511

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 Alvin Coulter 7/22/2000  
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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	MELISSA COULTER V.P. <input type="checkbox"/> Delete 709 FORTUNA DR. Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Amy Corcoran <input type="checkbox"/> Delete 1403 Woodstock Dr. Brandon, FL 33511
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

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: MISSING SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment P99000058329  
A0071479

Attachment # P99000058329  
To whom it may concern,

The First Report was  
Returned To Tallahassee by The  
Post Off, For some unknown  
Reason.

We spoke with one of  
your reps. And she said  
send The second copy And  
you would wave The penalties

Thank You

Melissa