

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060022

1. Entity Name
T. P. AUTO SALES, INC.

Principal Place of Business Mailing Address SAME
3812 N. MONROE ST
TALLAHASSEE FL 32303

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 *59-3585488* Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FILED
01 APR 23 AM 8:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LIPTON, RONALD J.
3812 N. MONROE ST.
TALLAHASSEE FL 32303
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 _____ (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 \$560.00
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	<i>SECRETARY</i>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<i>LIPTON, RONALD</i>			NAME			
STREET ADDRESS	<i>7021 SPENCER DR</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>TALLAHASSEE FL 32312</i>			CITY-ST-ZIP			
TITLE	<i>TREASURER</i>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<i>CARROLL, MARSHALL</i>			NAME			
STREET ADDRESS	<i>2814 CAPITAL CIR N.E.</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>TALLAHASSEE FL 32308</i>			CITY-ST-ZIP			
TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<i>DEART, GREG</i>			NAME			
STREET ADDRESS	<i>348 CREPE MYRTLE WEST</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>CAIRO, GA 31728</i>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* 4-23-01 850-512-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)