

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90002 044 \*\*\*550.00

**DOCUMENT # P99000064787**

1. Entity Name  
**TEAM AUTO SALES, INC.**

Principal Place of Business  
**170 E. CENTRAL AVE.**  
**WINTER HAVEN FL 33880**

Mailing Address  
**170 E. CENTRAL AVE.**  
**WINTER HAVEN FL 33880**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**689 LK HOWARD NW**  
 Suite, Apt. #, etc.  
**1B**  
 City & State  
**WINTER HAVEN, FLA**

3. Mailing Address  
**P.O. BOX 917**  
 Suite, Apt. #, etc.  
 City & State  
**WINTER HAVEN, FLA**

4. FEI Number  
**59-358-8830**

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

6. Name and Address of Current Registered Agent  
**MATTOX, RAY**  
**170 E. CENTRAL AVE.**  
**WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent  
 Name  
**RAY MATTOX**  
 Street Address (P.O. Box Number is Not Acceptable)  
**689 LK. HOWARD DR. N.W.**  
**1B**  
 City  
**WINTER HAVEN** FL Zip Code  
**33880**

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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ERNST, TERRY L</b> <b>412 BROWARD TERR.</b> <b>WINTER HAVEN FL 33884</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>ERNST, MARLA J</b> <b>412 BROWARD TERR.</b> <b>WINTER HAVEN FL 33884</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MATTOX, RAY</b> <b>170 E. CENTRAL AVE.</b> <b>WINTER HAVEN FL 33880</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: Ray Mattox (RAY MATTOX) SEPT 8, 2000 863-291-0851  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)