## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000074596

CITY-ST-ZIP

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J & D MOTORS OF PASCO, INC.

Principal Place of Business Mailing Address 16925 SHADY HILLS RD. 16925 SHADY HILLS RD. SPRING HILL FL 34610-6866 SPRING HILL FL 34610 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDERS, JOHN R Street Address (P.O. Box Number is Not Acceptable) 12626 BRUTUS DR. HUDSON FL 34667 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TRES/DIR **Addition** Delete TITLE TITLE SANDERS JOHN NAME Brutus Dr 12626 STREET ADDRESS STREET ADDRESS HUDSON, FL 34667 CITY-ST-ZIP CITY-ST-ZIP ☐ Change **Addition** ☐ Delete TITLE TITLE DEBBIE SANDERS NAME NAME BRUTUS DR STREET ADDRESS STREET ADDRESS 34667 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

## FILED Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90035 036 \*\*\*150.00