

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090742

1. Entity Name

CHRISTOPHER'S AUTO SALES, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90059 014 ***150.00

Principal Place of Business

Mailing Address

190 U.S. 17 NORTH
EAGLE LAKE FL 33839

190 U.S. 17 NORTH
EAGLE LAKE FL 33839

P.O. Box 1541
Eagle Lake, FL

2. Principal Place of Business

3. Mailing Address

P.O. Box 1541

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Eagle Lake

4. FEI Number

59-3603835

Applied For

Not Applicable

Zip

Country

Zip

Country

33839

Polk (USA)

Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUCHS, LAWRENCE M ESQ.
590 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD CHRISTOPHER, STANLEY E 126 SUMMERVIEW CIRCLE WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CHRISTOPHER, JOAN L 126 SUMMERVIEW CIRCLE WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/00 (863) 298-4092
Date Daytime Phone #