

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090945

1. Entity Name

AUTO GALLERY OF PENSACOLA, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90018 022 ***550.00

Principal Place of Business

792 VAN PELT LANE
PENSACOLA FL 32505

Mailing Address

792 VAN PELT LANE
PENSACOLA FL 32505

2. Principal Place of Business

399 Hwy 97S

3. Mailing Address

same 399 Hwy 97S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Carrollwood, FL

FL

City & State

City & State

Carrollwood, FL

Carrollwood, FL

Zip 32533

Country USA

Zip 32533

Country USA

4. FEI Number

59-360-6335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, DAVID J
792 VAN PELT LANE
PENSACOLA FL 32505

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

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 \$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 D
NAME TURNER, DAVID J
STREET ADDRESS 792 VAN PELT LANE
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/13/00

Daytime Phone #

(850) 968-4883

CR2F034 (5/00)