

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103248

1. Entity Name  
S & B AUTO SALES, INC.

f

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90004 043 \*\*\*150.00

Principal Place of Business

3402 HAVENDALE BLVD.  
WINTER HAVEN FL 33881

Mailing Address

3402 HAVENDALE BLVD.  
WINTER HAVEN FL 33881

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3621082

Applied For

Not Applicable

5. 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

BROOKS, SADIE  
3402 HAVENDALE BLVD.  
WINTER HAVEN FL 33881

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTV  
BROOKS, SADIE  
1520 40TH ST. NW  
WINTER HAVEN FL 33881 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BROOKS, SADIE  
1520 40TH ST., NW  
WINTER HAVEN FL 33881 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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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

7-21-00

863-604-3678

CR2E034 (5/00)

**S & B Auto Sales Inc.**

Attachment  
P#P99000103248

DOG 76208  
3402 Havendale Blvd.

Winter Haven, FL 33881

Phone 863-967-1245

July 19, 2000

To Whom It May Concern,

This is in regards to my receiving a Second Notice for payment. I have not received a First Notice prior to receiving the Second Notice. Therefore you will find enclosed the original payment in the amount of \$150.00.

Thank You,  
Sadie Brooks  
President