

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90283 005 ***150.00

DOCUMENT # P99000103248

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

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
3411 Recker Hwy
 Suite, Apt. #, etc.

3. Mailing Address
3411 Recker Hwy
 Suite, Apt. #, etc.

City & State
Winter Haven FL
 Zip
33881

City & State
Winter Haven FL
 Zip
33881

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

BROOKS, SADIE
3402 HAVENDALE BLVD.
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name **Sadie Brooks**
 Street Address (P.O. Box Number is Not Acceptable)
3411 Recker Hwy
 City **Winter Haven FL** Zip Code **33881**

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 *Sadie Brooks* DATE 4-19-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PSTV BROOKS, SADIE 1520 40TH ST. NW WINTER HAVEN FL 33881 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, SADIE 1520 40TH ST., NW WINTER HAVEN FL 33881 <input type="checkbox"/> Delete
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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: *Sadie Brooks* DATE 4-19-02 863-604-3678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)