

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000104933**

1. Entity Name

Astro Imports of Mississippi, Inc.
dba Astro Hyundai Suzuki

Principal Place of Business

Mailing Address

P.O. Box 669
Ocean Springs, MS 39566-0669

2. Principal Place of Business

3. Mailing Address

P.O. Box 669

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocean Springs, MS

Zip

Country

Zip

Country

39566-0669

USA

4. FEI Number

64-0918114

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

James L. Chase
101 East Government Street
Pensacola, FL 32501

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: **Secy. Treas.**
NAME: **Milam W. Culbertson II** ☐ Delete
STREET ADDRESS: **2119 Lauren Drive**
CITY-ST-ZIP: **Biloxi, MS 39532**

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

TITLE: **Vice President** ☐ Delete
NAME: **B.L. Stalnaker**
STREET ADDRESS: **P.O. Box 10478**
CITY-ST-ZIP: **Pensacola, FL 32504**

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

TITLE: **President** ☐ Delete
NAME: **M. Warren Culbertson**
STREET ADDRESS: **3533 Pine Forest Rd.**
CITY-ST-ZIP: **Canterment, FL 32533**

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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)(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: **Milam W. Culbertson II**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00
Date

(228) 875-1203
Daytime Phone #

CR2E034 (9/99)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90021 013 ***150.00

950319

DO NOT WRITE IN THIS SPACE