

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90021 013 ***150.00

950319

DO NOT WRITE IN THIS SPACE

DOCUMENT # 999000104933

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

6. Name and Address of Current Registered Agent
James L. Chase
101 East Government Street
Pensacola, FL 32501

4. FEI Number **Applied For**
64-0918114 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 \$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 <u>Secy Treasr</u>	NAME <u>Milam W. Culbertson II</u> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>2119 Lauren Drive</u>	CITY-ST-ZIP <u>Biloxi, MS 39532</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE <u>Vice President</u>	NAME <u>B.L. Stalaker</u> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>P.O. Box 10478</u>	CITY-ST-ZIP <u>Pensacola, FL 32504</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE <u>President</u>	NAME <u>M. Warren Culbertson</u> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>3533 Pine Forest Rd.</u>	CITY-ST-ZIP <u>Cantonment, FL 32533</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 3/8/00 (228) 875-1203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)