

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State
 07-15-2002 90186 043 ***158.75

DOCUMENT # P99000108879

1. Entity Name
DENNIS BAIR AUTO SALES, INC.

Principal Place of Business
 1307 W MEMORIAL BLVD
 LAKELAND FL 33815
 US

Mailing Address
 1307 W MEMORIAL BLVD
 LAKELAND FL 33815
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
533 S. COMBEE RD.
 Suite, Apt. #, etc.

3. Mailing Address
5419 GOLDENGATE BLVD.
 Suite, Apt. #, etc.

City & State
LAKE LAND, FL.
 Zip
33801
 Country
USA

City & State
POLK CITY, FL.
 Zip
33868
 Country
USA

4. FEI Number **59-3619793**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BAIR, DENNIS E
5419 GOLDEN GATE BLVD
POLK CITY, FL 33868

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when replacing) 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, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD BAIR, DENNIS E 5419 GOLDENGATE BLVD POLK CITY FL 33868 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BAIR, SHARON L 5419 GOLDENGATE BLVD POLK CITY FL 33868 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **DENNIS E. BAIR PRES.** **7-11-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DEANIS E. BAIR PRES. 8639844791**

CR2E034 (4/02)

DENNIS BAIR AUTO SALES, INC. Attachment
533 S. COMBEE RD. Du. # 19900010887:
LAKELAND, FL. 33801 120208

7-11-02

TO WHOM IT MAY CONCERN,

THIS IS THE FIRST NOTICE I
HAVE RECEIVED FOR, 2002 UNIFORM
BUSINESS REPORT."

I AM ENCLOSING A CHECK
FOR ~~150.00~~ PER INSTRUCTIONS.
158.⁷⁵

THANK YOU

Dennis E. Bair