

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90098 037 \*\*\*150.00

**DOCUMENT # V11095**

1. Entity Name  
**MIDTOWN AUTO SALES, INC.**

Principal Place of Business

**2308 FOWLER ST  
FT. MYERS FL 33901  
US**

Mailing Address

~~**2302 6TH STREET EAST  
LEHIGH ACRES FL 33972**~~

2. Principal Place of Business

3. Mailing Address

**2308 FOWLER STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FORT MYERS, FL**

4. FEI Number

**65-0310011**

Applied For

Not Applicable

Zip

Country

Zip  
**33901**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**HABERMEHL, RAINER  
~~2302 6TH EAST STREET~~  
LEHIGH ACRES FL 33936**

## 7. Name and Address of New Registered Agent

Name  
~~**RATNER HABERMEHL**~~

Street Address (P.O. Box Number is Not Acceptable)

**3180 PACKINGHOUSE ROAD**

City  
**ALVA,**

**FL**

Zip Code  
**33920**

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, 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HABERMEHL, RAINER</b>	
STREET ADDRESS	<del><b>2302 6TH STREET EAST</b></del>	
CITY-ST-ZIP	<del><b>LEHIGH ACRES FL 33972</b></del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAINER HABERMEHL</b>	
STREET ADDRESS	<b>3180 PACKINGHOUSE ROAD</b>	
CITY-ST-ZIP	<b>ALVA, FL 33920</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/02**

Date

**(941) 332-7080**

Daytime Phone #

CR2E034 (9/01)