

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11369

1. Entity Name

DAVID'S USED CARS, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90080 018 ***158.75

Principal Place of Business

4983 WOODROFF SPRINGS RD
SANFORD FL 32771
US

Mailing Address

1175 ORANGE BLVD
LAKE MARY FL 32773
US

P.O. Box 471008
LAKE MONROE FL
32747-1008
US.

00010100

2. Principal Place of Business

617 Beth Dr.

3. Mailing Address

P.O. Box 471008

Suite, Apt. #, etc.

Sanford FL

Suite, Apt. #, etc.

LAKE MONROE

City & State

32771

City & State

FL 32747-1008

Zip

Country

Seminole

Zip

Country

Seminole

4. FEI Number

59-3108495

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIPPLETT, BARBARA A.
1175 ORANGE BLVD
LAKE MARY FL 32746

DAVID A. Brannon
~~TRIPPLETT, BARBARA A.~~
PO Box 471008
LAKE MONROE FL 32747-1008

7. Name and Address of New Registered Agent

Name

David A Brannon

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

617 Beth Dr.

City

Sanford FL 32771

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

David Brannon
Signature, typed or printed name of registered agent and title if applicable.

David Brannon

(NOTE: Registered Agent signature required when reinstating)

29 Jan 01

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, 2001 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 PSVT
NAME TRIPPLETT, BARBARA A
STREET ADDRESS 1175 ORANGE BLVD
CITY-ST-ZIP LAKE MARY FL 32746 ☒ Delete

TITLE ~~VP~~ P/S/V/T
NAME BRANNON, DAVID A
STREET ADDRESS 1175 ORANGE BLVD.
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29/Jan/01 407-832-1555

Date

Daytime Phone #

CR2E034 (10/00)