

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11446

1. Entity Name

ADA AUTO SALES, INC.

Principal Place of Business

498 S. MAIN ST.
CRESTVIEW FL 32536

Mailing Address

498 S. MAIN ST.
CRESTVIEW FL 32536-4248

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ASH, ALFRED A
5397 MONTERREY RD.
CRESTVIEW FL 32539

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ASH, ALFRED A	
STREET ADDRESS	5397 MONTERREY RD.	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	S	<input type="checkbox"/> Delete
NAME	ASH, DONNA	
STREET ADDRESS	5397 MONTERREY ROAD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	VP	<input type="checkbox"/> Delete
NAME	David Ash	
STREET ADDRESS	5397 Monterrey Rd	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	BD	<input type="checkbox"/> Delete
NAME	DONNA A. FORREST	
STREET ADDRESS	4665 Hardy Adams Rd	
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	<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 checked="" type="checkbox"/> Addition
NAME	VP David Ash
STREET ADDRESS	5397 Monterrey Rd
CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	B DONNA A. FORREST
STREET ADDRESS	4665 Hardy Adams Rd
CITY-ST-ZIP	HOLT, FL 32564
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 850 682-4477
Date Daytime Phone #

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90003 045 ***150.00

LUU01060



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3107986

Applied For

Not Applicable.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required