## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 05, 2001 8:00 am DOCUMENT # V11446 **Secretary of State** . ADA Auto Sales, INC. 07-05-2001 90009 032 \*\*\*150.00 Principal Place of Business Mailing Address 498 S. MAIN ST 498 S. MAINST CRESTITIEW, FL 32536 CRESTVIEW, FL 32536 A0075569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3107986 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AIFRED A. Street Address (P.O. Box Number is Not Acceptable) 498 S. MAIN ST. CRESTVIEW, FL. 32536 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.\_Election Campaign:Financing: \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Ash Alfred A. NAME NAME 498 5. MAIN ST STREET ADDRESS STREET ADDRESS CRESTVIEW, FL 32536 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Ash Donua E. 498. S. Main ST NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTUIEW, FL 32536 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Ash David NAME NAME 498 S. MAIN ST STREET ADDRESS STREET ADDRESS CRESTUIEN, FL 32536 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FORREST, DONNA A. 4665 Hardy Adams Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

850 6824477

FILED

Attachment D#V11446 AW75569

Jine 26, 2001

To: Deission of Corporation

From: ADA Auto Sala, Inc. #V11446

recieved bur annual 2001 Uniform Buseres Report.

After Calling a requestery the form we are now

Aubnittery them to you, we have always, in the

Past, returned the forms on tenie. Not having

Them in front 9 hs made it seem they had been

taken Core 9. We are requesting that you please"

drop the late fee's, There for your Consideration in

The matter:

Strauf, life a. ah florident ADA Auto SAlos, TIK.