

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26034

1. Entity Name

PREMIER MOTORCARS INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90118 018 ***150.00

Principal Place of Business
6350 SOUTH TAMiami TRAIL
UNIT #8
SARASOTA FL 34231
US

Mailing Address
6350 SOUTH TAMiami TRAIL
UNIT #8
SARASOTA FL 34231-3997
US

740812



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0335080

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLODO, RENE
6350 SOUTH TAMiami TRAIL
SARASOTA FL 34231

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

FL Zip Code 34234

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 *Rene Clodo*
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CLODO, RENE H	6350 SOUTH TAMiami TRAIL, #8	SARASOTA FL 34231	
VS	CLODO, KELLY L	6350 SOUTH TAMiami TRAIL, #8	SARASOTA FL 34231	

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: *Rene Clodo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #