

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91065 045 ***150.00

DOCUMENT # V39015

1. Entity Name
UNITED AUTO BROKERS OF LAKE LAND, INC.



Principal Place of Business
**2715 MINNEOLA DRIVE
LAKE LAND FL 33801**

Mailing Address
**2715 MINNEOLA DRIVE
LAKE LAND FL 33801**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
8426 U.S. 98 N
Suite, Apt. #, etc.

3. Mailing Address
8426 U.S. 98 N.
Suite, Apt. #, etc.

City & State
LAKE LAND FLA.
Zip
33809
Country
POLK

City & State
LAKE LAND FLA.
Zip
33809
Country
POLK

4. FEI Number
59-3125005

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STONE, JAMES A.
8426 U.S. 98 NORTH
LAKE LAND FL 33809**

7. Name and Address of New Registered Agent

Name **STONE, JAMES A.**
Street Address (P.O. Box Number is Not Acceptable)
2715 MINNEOLA DR.
City **LAKE LAND FL** Zip Code **33801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONE, JAMES A. 2715 MINNEOLA DRIVE LAKE LAND FL 33801-2822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALLAS WARD VICE PRES. 14325 OLD DADE CITY RD. LAKE LAND, FL. 33809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECT. PRES. ROY ALEXANDER 804 DOC GAY RD. LAKE LAND, FL. 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE RETURNED** **PREG** **3-11-03** **863-816-8550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)