

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V72652

1. Entity Name

A MR. AUTO INSURANCE OF LAKE PLACID, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90391 038 \*\*\*150.00

Principal Place of Business

Mailing Address

3264 US HIGHWAY 27 SOUTH  
 SEBRING FL 33870

P.O. BOX 311  
 SEBRING FL 33871-0311

80095486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3270 US Highway 27 South

Sebring, FL

City & State

4. FEI Number 59-3147187

Applied For

Not Applicable

Zip

Country

Zip

Country

33870

Highlands

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

JOHNS, LAURA A  
 3264 US HWY 27 SOUTH  
 SEBRING FL 33870

Name

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

3270 US Hwy 27 South

City

Sebring

FL

Zip Code

33870

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 *Laura A. Johns*  
 Signature, typed or printed name of registered agent and title if applicable.

*Laura A. Johns - President* 4-29-2000  
 (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 DP ☐ Delete  
 NAME JOHNS, LAURA A  
 STREET ADDRESS 3264 US HWY 27 SOUTH  
 CITY-ST-ZIP SEBRING FL 33870

TITLE ☒ Change ☐ Addition  
 NAME 3270 US Hwy, 27 South  
 STREET ADDRESS Sebring, FL 33870  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: *Laura A. Johns*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2000  
 Date

863-385-7602  
 Daytime Phone #

CR2E034 (9/99)