

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90005 027 \*\*\*150.00

**DOCUMENT #** 217519  
**1. Entity Name**  
 COX CHEVROLET, INC.

**Principal Place of Business**      **Mailing Address**  
 2900 Cortez Rd W      2900 Cortez Rd W  
 Bradenton, FL 34207      Bradenton, FL 34207

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

**4. FEI Number**      **Applied For**  
 59-0862389       Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 COX, J.S.  
 2900 Cortez Rd W.  
 Bradenton, FL 34207

**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, 2001 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 <b>VSD</b> <input type="checkbox"/> Delete NAME <b>Cox, Gary R.</b> STREET ADDRESS <b>2900 Cortez Rd W.</b> CITY-ST-ZIP <b>Bradenton, FL 34207</b>	
TITLE <b>PTD</b> <input type="checkbox"/> Delete NAME <b>Cox, J.S.</b> STREET ADDRESS <b>2900 Cortez Rd W.</b> CITY-ST-ZIP <b>Bradenton, FL 34207</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>Cox, Judy M.</b> STREET ADDRESS <b>2900 Cortez Rd W.</b> CITY-ST-ZIP <b>Bradenton, FL 34207</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS 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 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 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:** GARY R. COX      **GARY R. COX**      4-24-01      941-756-0621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)