## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2000 8:00 am Secretary of State OCUMENT # 309272 CONLEY BUICK, INC. 05-11-2000 90298 048 \*\*\*150.00 implipat Place of Business Mailing Address 800 CORTEZ RD CORTEZ RD **BRADENTON FL 34207-1432** FL 34207 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 59-1148390 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONLEY, ROGER P. Street Address (P.O. Box Number is Not Acceptable) 2401 MANATEE AVE. WEST **BRADENTON FL 34207** Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VTD ☐ Addition Delete TITLE ☐ Change CONLEY.BERTHA NAME .... : . ADDRESS 1615 71 ST NW. STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition CONLEY ROGER P. 1024 85TH STREET CT NW STREET ADDRESS ST-ZIP **BRADENTON FL** CITY-ST-ZIP Change ☐ Addition HLE ☐ Delete TITLE CONLEY.JEFFREY A. NAME anneess 408 51 ST NW STREET ADDRESS - ST-ZIP **BRADENTON FL** CITY-ST-ZIP Change ☐ Addition IILE ☐ Delete TITLE NAME STREET ADDRESS TREET ADDRESS -- ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change IILE NAME TREET ADDRESS STREET ADDRESS

3. 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 of 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

ITY-ST-ZIP

TREET ADDRESS

IILE

☐ Delete

Change

☐ Addition