## **FILED 2002 UNIFORM BUSINESS REPORT (UBR)** May 05, 2002 8:00 am Secretary of State 345322 DOCUMENT # 1. Entity Name JON HALL CHEVROLET, INC. 05-05-2002 90256 001 \*\*\*450 00 Principal Place of Business Mailing Address 551 N NOVA RD. 551 N NOVA RD. P. O. BOX 751 P. O. BOX 751 DAYTONA BEACH FL 32114-1701 DAYTONA BEACH FL 32114-1701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-0872949 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERBOUSEK, TED W. Street Address (P.O. Box Number is Not Acceptable) 551 N NOVA RD DAYTONA BEACH FL 32114 City 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): 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 R2E034 (9/01) PN TITLE ☐ Delete TITLE ritchey, glenn s. NAME STREET ADDRESS 551 N. NOVA ROAD STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition SERBOUSEK, T.W. NAME NAME 551 N. NOVA ROAD STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP DC **X** Delete TITLE ☐ Change TITLE Addition HALL, JON E. NAME NAME 551 N. NOVA ROAD STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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