

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90179 016 \*\*\*158.75

**DOCUMENT # 357516**

1. Entity Name

**MARLOW-WERNER PONTIAC-BUICK-GMC TRUCK, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 511034  
 PUNTA GORDA FL 33957

P.O. BOX 511034  
 PUNTA GORDA FL 33951-1034

00010100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1286388**

Applied For

Not Applied

Zip

Country

Zip

Country

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

**WERNER, GEORGE C.**  
**1110 S TAMiami TRAIL**  
**PUNTA GORDA FL 33950**

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, 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 Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TSD	<input type="checkbox"/> Delete
NAME	MARLOW, RALPH T	
STREET ADDRESS	WASHINGTON LOOP ROAD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARLOW, EARL C	
STREET ADDRESS	1149 DORIA ST.	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	WERNER, GEORGE C	
STREET ADDRESS	4169 DRANCE ST.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George C Werner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

94163931

Daytime Phone #