## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 369807**

1. Entity Name

SIGNATURE:

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GATOR CHRYSLER PLYMOUTH, INCORPORATED

## FILED Jan 29, 2000 8:00 am Secretary of State 01-29-2000 90110 020 \*\*\*150.00

i						01-2	27-2000 70110	020	130.00	
Principal Plac	e of Business									
300 EAST NASA BLVD MELBOURNE FL 32901		300 EÁST NASA BLVD MELBOURNE FL 32901-1940		}						
2. Principal P	lace of Business	3. Mailing Address								
Civilan Ama	# ata	Suite, Apt. #, etc.	Cuito Ant # ato			1 100109 14510			<b></b> ., <b>.</b> ,.,,	01911 1041
Suite, Apt. #, etc.		Suite, Apr. #, etc.				, i.e.			-ACE	
City & State		City & State		<b>4.</b> F	El Number	59-1302830		No	oplied For ot ≜,,,,,,,,,,	
Zip	Country	Zip	Cour	Country		Certificate of	Status Desired		8.75 Add ee Require	
	6. Name and Address of Curren	Registered Agent		Name	~~~ 7.~N	lame and A	dress of New Reg	listered A	yent —	
RRET	T,JOSEPH J									
300 1	EAST NASA BLVD BOURNE FL 32901			Street Addres	ss (P.O. B	ox Number is	s Not Acceptable)			
MELL	OUDINE FL 32501			City			FL Zip Code			
				1 77						
8. The above	named entity submits this statement f	or the purpose of changing it	is register	ea office or regis	stered ag	ent, or both,	in the State of Florid	a.		
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable (NC	TF: Registers	ed Agent signature requ	uired when re	einstating)		DATE		
<del></del> -						1				
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 St				on Campaign Finar Fund Contribution.	ncing		0 May B	
11,	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CH	HANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
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NAME STREET ADDRESS	300 EAST NASA BLVD		NAM STR	EET ADDRESS						
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13. hereby	certify that the information supplied will	th this filing does not qualify f	or the exe	emption stated in	Section	119.07(3)(i),	Florida Statutes. I f	urther certi	fy that the i	nformatio
indicated of the cor changed,	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address.	is true and accurate and that bowered to exocute this repoi with all other like empowered	. my signa rt as requ d.	ired by Chapter	607, Flori	da Statutes;	and that my name	appears in	Block 11 or	r Block 12

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR