

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90410 034 ***150.00

DOCUMENT # 432992

1. Entity Name

SPITZER DODGE, INC.

Principal Place of Business

Mailing Address

**30101 SOUTH DIXIE HIGHWAY
 HOMESTEAD FL 33033-3205**

**30101 SOUTH DIXIE HIGHWAY
 HOMESTEAD FL 33033-3205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1518936

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SZABO, LENNY
 30101 SOUTH DIXIE HIGHWAY
 HOMESTEAD FL 33030**

Name
HENRY KIRKLAND

Street Address (P.O. Box Number is Not Acceptable)
30101 SOUTH DIXIE HEGHWAY

HOMESTEAD FL 33030

City
HOMESTEAD

FL

Zip Code
33030

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 **HENRY KIRKLAND, TREASURER** *HK*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-21-2000

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 Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Blanchard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY BLANCHARD
SECRETARY

4/20/00

Date

(440) 323-4671

Daytime Phone #

CR2E034 (9/99)