## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # 467060 RAHAL CHEVROLET-BUICK INC. 03-20-2000 90110 014 \*\*\*150.00 Principal Place of Business Mailing Address 4204 LAYFAYETTE ST 4204 LAYFAYETTE ST P.O. BOX 700 P.O. BOX 700 MARIANNA FL 32447-0700 MARIANNA FL 32446 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City!& State 4. FEI Number Applied For 59-1569518 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAHAL, QUEN Street Address (P.O. Box Number is Not Acceptable) INDIAN SPRINGS. MARIANNA FL 32446 City Zip Code F۱ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE ☐ Delete TITLE RAHAL, QUEN NAME NAME STREET ADDRESS STREET ADDRESS INDIAN SPRINGS. CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME RAHAL, ANN STREET ADDRESS STREET ADDRESS INDIAN SPRINGS. CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Ricky D. Miller STREET ADDRESS STREET ADDRESS M532aRfid, Opk. T52446 Asst Secretary CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Delete TITLE ☐ Change TITLE Sue Funderburk NAME NAME 2998 Russ Road STREET ADDRESS STREET ADDRESS Marianna Fl. 32446 CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME 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 applicase, with all other like eggs wered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/60
Date Daytime Phone #