

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **467060**

1. Entity Name

RAHAL CHEVROLET-BUICK INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90835 045 ***150.00

0050393 AV

Principal Place of Business

**4204 LAYFAYETTE ST
P.O. BOX 700
MARIANNA FL 32446**

Mailing Address

**4204 LAYFAYETTE ST
P.O. BOX 700
MARIANNA FL 32447
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1569518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAHAL, QUEN
INDIAN SPRINGS.
MARIANNA FL 32446**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAHAL, QUEN INDIAN SPRINGS. MARIANNA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAHAL, ANN INDIAN SPRINGS. MARIANNA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, RICKY D 4532 RED OAK TRACE MARIANNA FL 32446	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FUNDERBURK, SUE 2998 RUSS ROAD MARIANNA FL 32446	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

850-482-3051

Daytime Phone #

CR2E034 (9/01)