## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 467060 **DOCUMENT #**

1. Entity Name

RAHAL CHEVROLET-BUICK INC.



## **FILED** Feb 06, 2003 8:00 am § Secretary of State

02-06-2003 90075 040 \*\*\*150.00

					COO WE THE					
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				T A BANKA BARKA BARKA KABAN PANKA BAKKA BARKA BARKA	BIBA GIBA SIRIA	818(† 8(8)) 189)	
			US							
2. Principal Plac	ce of Busine	ess	3. Mailing Address				E HANKIY DENYA DITIY INDIX NDIYA SIYE NGA SIBIY	01011 05011 01 <del>0</del> 11	84811 84811 4881	
Suite, Apt. #,	etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			<b>4</b> , F	4. FEI Number 59-1569518		Applied For Not Applicable	-
Zip	Zip Country		Zip Coun		ntry	5. (	5. Certificate of Status Desired   \$8.75 Ad Fee Require		dditional	1
	and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent						
						Name				
RAHAL, QUE				Street Addre			s (P.O. Box Number is Not Acceptable)			
Indian springs.										4
Marianna f	FL 32446									
				City		FI	Zip Co	de	1	
8. The above na	med entity	submits this statemen	t for the purpose of changi	ing its register	ed office or regi	stered age	ent, or both, in the State of Florida. I am	familiar with	, and accept	1
the obligation	ns of registe	red agent.								
SIGNATURE										
Sign	jnature, typed o	printed name of registered ag	ent and title if applicable.	(NOTE: Registere	ed Agent signature red	uired when rei	instating) DATE			]
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing     Trust Fund Contribution.		00 May Be ed to Fees	
10.		OFFICERS AI	ND DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11	1
TITLE P	•		☐ Delete		E			☐ Change	☐ Addition	3
	RAHAL, QUEN INDIAN SPRINGS.				NAME					0.5
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	ILLER, RIC	CKY D DAK TRACE		NAM	-					
	IARIANNA				ET ADDRESS - ST- ZIP					
TITLE AS		VE 1 10		TITLE				Channa	☐ Addition	ł

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

FUNDERBURK, SUE

MARIANNA FL 32446

2998 RUSS ROAD

<u>NA/CREDE/JUIRED</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Change

Change

☐ Addition

☐ Addition