

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

0051892

DOCUMENT # 515672

1. Entity Name
GEFFNER MOTORS, INC.

02-19-2001 90041 039 ***150.00

Principal Place of Business HESS ROAD P O BOX 367 GEORGETOWN FL 32139-0367 US	Mailing Address HESS ROAD P O BOX 367 GEORGETOWN FL 32139-0367 US
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718012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1950 Turnberry Drive Suite, Apt. #, etc.	3. Mailing Address 1950 Turnberry Drive Suite, Apt. #, etc.
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City & State Oviedo, Florida	City & State Oviedo, Florida
Zip 32765-5828	Zip 32765-5828
Country U.S.A.	Country U.S.A.

4. FEI Number 59-1660147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GEFFNER, NANCY M
 235 HESS ROAD
 GEORGETOWN FL 32139**

7. Name and Address of New Registered Agent
 Name: **Geffner, Nancy M**
 Street Address (P.O. Box Number is Not Acceptable): **1950 Turnberry Drive**
 City: **Oviedo** FL Zip Code: **32765-5828**

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: **NANCY M GEFNER, P/S** *Nancy M Geffner* **2-13-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinsuring.) 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, 2001 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GEFFNER, NANCY 235 HESS ROAD GEORGETOWN FL 32139	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GEFFNER, NANCY 1950 Turnberry Drive Oviedo, Florida 32765-5828	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Nancy M Geffner* **NANCY M. GEFNER** **2-13-01** **359-8440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)