## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am DOCUMENT # 815918 **Secretary of State** 1. Entity Name 02-20-2002 90008 028 \*\*\*150.00 HOLLYWOOD CHRYSLER PLYMOUTH, INC. Principal Place of Business Mailing Address 2100 N. STATE RD 7 2100 N. STATE RD 7 B0028024 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0946854 Not Applicable Zip Country 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 EVERATT, R.L. 2100 N STATE RD 7 HOLLYWOOD FL 33021-3805 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this Signature, typed or printed in (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **☑** Delete PD CR2E034 (9/01 TITLE Ahmed, Faisal Y. 2100 n. state Rd 7 EVERATT, RUSSELL L. NAME NAME STREET ADDRESS 1255 LAUREL COURT STREET ADDRESS WESTON FL 33326 CITY-ST-ZIP Hollywood, FL 33021 CITY-ST-ZIP Delete Change **EVS** TITLE ☐ Addition TITLE D Ahmed, Linda S. 2100 n. State Rd 7 GARN, BARBARA K NAME STREET ADDRESS 845 GARNET CIRCLE STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP Hollywood FL Delete ☐ Addition TITLE D TITLE Lambdin, Jr. Robert P. 2100 n. State Rd 7 GARN, BARBARA K NAME NAME STREET ADDRESS STREET ADDRESS 845 GARNET CIRCLE CITY-ST-7IP CITY-ST-7IP WESTON FL 33326 Hollywood FL 33021 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete ☐ Change 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 1.3 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR