


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0187276 AV

DOCUMENT # J47114

1. Entity Name
MARGATE LINCOLN MERCURY, INC.



(CHECK FILED ATTACHED)

03 FEB -5 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**MARGATE LINCOLN MERCURY
2250 N STATE RD 7
MARGATE FL 33063**

Mailing Address
**MARGATE LINCOLN MERCURY
2250 N STATE RD 7
MARGATE FL 33063**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2759784** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GARDNER, GLENN
911 N.E. SECOND AVE.
FT. LAUDERDALE FL 33304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PRESIDENT. DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOLMAN, J.S. 350 STATION AVENUE HADDONFIELD NJ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAIRCHILD, DEWAYNE 4021 NW 61ST WAY CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D REIF, D.G. 2041 NW 86TH TERRACE CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STUMER, STEVEN 4400 SW 70 TERR DAVIE FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	000011882000 02/05/03--01052--023 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1638 NEWHAVEN PT. LANE W. PALM BCH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PRESIDENT GARDNER, G.A. 911 N.E. SECOND AVE FT LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10785 NW 12 CT. PLANTATION, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - PRESIDENT CARISS, W.J. 911 NE SECOND AVENUE FT LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY MULLIN, K.A. 911 NE SECOND AVE FT LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGATURE STEVEN STUMER Date 1/27/03 Daytime Phone # 954-738-1003

CRE034 (10/02)