

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90012 009 ***158.75

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DOCUMENT # K01994
 1. Entity Name
JERRY ULM DODGE, INC.

Principal Place of Business 2966 NO DALE MABRY 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33607 US	Mailing Address % J. BOB HUMPHRIES 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602-4988
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address c/o R. Alan Higbee
City & State Tampa, FL	City & State 501 E. Kennedy Blvd., #1700

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2855834	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WATERS, CODY W ESQ FOWLER, WHITE LAW FIRM 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	7. Name and Address of New Registered Agent Name HIGBEE, R. ALAN, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) FOWLER, WHITE, BOGGS, BANKER 501 E. KENNEDY BLVD., SUITE 1700 City TAMPA FL Zip Code 33602
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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  **R. Alan Higbee** DATE **3/27/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ULLM, GERALD H JR. 2966 N DALE MABRY TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ULLM GERALD H. JR. 2966 N. DALE MABRY TAMPA, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S ULM, CAROLYN J 2966 N DALE MABRY TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUMPHRIES, BOB J 501 E KENNEDY #1700 TAMPA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIGBEE, R. ALAN 501 E. KENNEDY BLVD., #1700 TAMPA, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ULM, VENA M 2966 N DALE MABRY TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** DATE: **3-29-02** DAYTIME PHONE #

CFR2034 (9/01)