## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 26, 2001 8:00 am Secretary of State **DOCUMENT # L21298** SOUTHSIDE DODGE-KISSIMMEE, INC. 02-26-2001 90502 036 \*\*\*150.00 Mailing Address Principal Place of Business 2880 NORTH ORANGE BLOSSOM TRAIL 2880 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744-1132 KISSIMMEE FL 34744-1132 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2978132 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EDEN, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 111 N ORANGE AVE **SUITE 1200** ORLANDO FL 32801 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE LALLY, JASVINDER S. NAME STREET ADDRESS STREET ADDRESS 2880 N. ORANGE BLSM. TR. CITY-ST-ZIP CITY-ST-7IP KISSIMMEE FL Change ☐ Addition Delete TITI È ST TITLE NAME HILL, ANKE B NAME STREET ADDRESS STREET ADDRESS 2880 N ORANGE BLOSSOM TRIAL CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Change - ☐ Addition - Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 an address with all ther like empowered.

FILED