

# 2000 UNIFORM BUSINESS REPORT (UBR)

2000226 AF

**DOCUMENT #** ~~200000000149~~  
**1. Entity Name**  
 ASBURY-DELAND FORD, L.L.C. *aka AF MOTORS, L.L.C.*  
 → *M00000000149*

**Principal Place of Business**      **Mailing Address**  
 4306 PABLO OAKS COURT      4306 PABLO OAKS COURT  
 JACKSONVILLE FL 32224      JACKSONVILLE FL 32224-9631

**FILED** *UL 4/4*  
 00 MAR 24 PM 2:06  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b>			Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
TOMM, CHARLIE C 4306 PABLO OAKS COURT JACKSONVILLE FL 32224	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<i>MGR Charlie (CB) Tomm 4306 Pablo Oaks Ct Jacksonville FL 32224</i>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11.** 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Linda E. Marlette*      *RECEIVED*      *Linda E. Marlette*      *3-17-00*      *904-992-4110*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (9/99)