

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001443

1. Entity Name

DEALER PROFIT SYSTEMS, L.L.C.



FILED

2003 APR 21 PM 1:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

4636 NORTH DALE MABRY HIGHWAY
TAMPA FL 33614

Mailing Address

4636 NORTH DALE MABRY HIGHWAY
TAMPA FL 33614

2. Principal Place of Business

2906 Busch Lakes Blvd

Suite, Apt. #, etc.

3. Mailing Address

J. I. Wooley

Suite, Apt. #, etc.

4636 N. Dale Mabry Hwy

City & State

Tampa, FL 33614

City & State

Tampa, FL

Zip

33614

Country

US

Zip

33614

Country

US

4. FEI Number

58-2628641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

200015178282
04/02/03--01057--023 **50.00

SEE ATTACHED

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME COLE, JAMES W
STREET ADDRESS 4636 NORTH DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Cole, James W. ☒ Change ☐ Addition
STREET ADDRESS 2906 Busch Lakes Blvd
CITY-ST-ZIP Tampa, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Signature REQUIRED

3/27/03

(813) 870-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)