FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2004 8:00 am
Secretary of State
04-09-2004 90053 020 ***158.75

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DOCUMENT # P00000062280

1. Entity Name
Subaru of Jacksonville, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10800 Atlantic Boulevard	10800 ATLANTIC BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: JACKSONVILLE, FL.
Zip: 32225 / Country:	Zip: 32225 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1023748 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

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7. **Name and Address of Current Registered Agent**
Name: R. PHIL PORTER
Street Address (P.O. Box Number is Not Acceptable): 10800 ATLANTIC BLVD.
City: JACKSONVILLE FL Zip Code: 32225

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 ______ R. PHIL PORTER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	R. PHIL PORTER
STREET ADDRESS	10800 ATLANTIC BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL. 32225
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ R. PHIL PORTER 3/23/04 904-641-6455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #