

FILED
Mar 20, 2002 8:00 am
Secretary of State

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

03-20-2002 90064 046 ***150.00

DOCUMENT # P20540
 1. Entity Name
 BRANDON DODGE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 9207 ADAMO DRIVE EAST
 Suite, Apt. #, etc.

3. Mailing Address
 P O BOX 76037
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 TAMPA, FLORIDA

City & State
 TAMPA, FLORIDA

4. FEI Number
 59-2938843

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country
 33619 USA

Zip Country
 -33675 --USA--

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
 1200 S. PINE ISLAND ROAD

City
 PLANTATION FL Zip Code
 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODS, SANFORD L. 9207 ADAMO DRIVE EAST TAMPA, FLORIDA 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZOSS, SHARON R 9207 ADAMO DRIVE EAST TAMPA, FLORIDA 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address.

SIGNATURE: *S. L. Woods* S. L. WOODS PRESIDENT 03/05/2002 813.620.4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)