

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

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90010 042 ***150.00

DOCUMENT # P930000085325 ✓
1. Entity Name
Garber Buick-Pontiac-GMC Truck, Inc

DO NOT WRITE IN THIS SPACE

B0050309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 501 N. Orange Ave Suite, Apt. #, etc.		3. Mailing Address Garber Mgmt Group Suite, Apt. #, etc. 6200 State St, Ste 2	
City & State Green Cove Springs FL		City & State Saginaw, Mi	
Zip 32043	Country	Zip 48603	Country

4. FEI Number 59-3216254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Ron Harris
Street Address (P.O. Box Number is Not Acceptable) 601 N. Orange Ave
City Green Cove Springs FL
Zip Code 32043

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 re-registering) _____ DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Richard Garber Jr 6200 State St, Ste 2 Saginaw, Mi 48603	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary R. Michael Dicken 6200 State St, Ste 2 Saginaw, Mi 48603	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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, with all other, like empowered.

SIGNATURE:  R. Michael Dicken 3-7-02 989-790-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #