


FILED

03 SEP 15 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9500000240			
1. Entity Name H & B USED CARS, INC.			
Principal Place of Business 3926 N.W. GAINESVILLE ROAD OCALA, FL 34475		Mailing Address 3926 N.W. GAINESVILLE ROAD OCALA, FL 34475	
2. Principal Place of Business 3914 N.W. Gainesville Road		3. Mailing Address 3914 N.W. Gainesville Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, Florida		City & State Ocala, Florida	
4. FEI Number 59-3295242		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNER, RICHARD L JR. 3926 N.W. GAINESVILLE ROAD OCALA, FL 34475		7. Name and Address of New Registered Agent Name Barner, Richard L. Sr. Street Address (P.O. Box Number is Not Acceptable) 3914 N.W. Gainesville Road City Ocala FL 34475	
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: <i>Richard L. Barner, Sr.</i>		Richard L. Barner, Sr. 8/12/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNER, RICHARD L JR. 3926 N.W. GAINESVILLE ROAD OCALA, FL 34475 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T Barner, Richard L. Sr. 3914 N.W. Gainesville Road Ocala, Florida 34475 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with my address, with all other like empowered.			
SIGNATURE: <i>Richard L. Barner, Sr.</i>		Richard L. Barner, Sr. 8/12/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2004 (10/02)

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