

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90080 025 \*\*\*150.00

**DOCUMENT # P95000034630**

1. Entity Name  
**FORSYTH AUTO GROUP, INC.**

Principal Place of Business <b>8320 E COLONIAL DR          ORLANDO FL 32817          US</b>	Mailing Address <b>8320 E COLONIAL DR          ORLANDO FL 32817          US</b>
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00013173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2591 W Hwy 441</b> Suite, Apt. #, etc.	3. Mailing Address <b>2591 W Hwy 441</b> Suite, Apt. #, etc.
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City & State <b>APOPKA FL</b>	City & State <b>APOPKA FL</b>	4. FEI Number <b>59-3314908</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <b>32712</b>	Country <b>ORANGE</b>	Zip <b>32712</b>	Country <b>ORANGE</b>

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FILINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE FL 33311-4132**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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.

SIGNATURE *Harendra Singh*  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SINGH, HERENDRA</b> <b>8320 E COLONIAL DR 2591 W Hwy 441</b> <b>ORLANDO FL 32817 APOPKA FL 32712</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SINGH, SAHODAI</b> <b>8320 E COLONIAL DR 2591 W Hwy 441</b> <b>ORLANDO FL 32817 APOPKA FL 32712</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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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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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harendra Singh* **402 814-7501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)