

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

0028075 AV

DOCUMENT # P96000079771

1. Entity Name
SEROYER AUTOMOTIVE GROUP, INC.

03-25-2002 90004 005 ***150.00

Principal Place of Business Mailing Address
12878 QUINCY BAY DR 6828 ST AUGUSTINE RD
JACKSONVILLE FL 32224 JACKSONVILLE FL 32217



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

63 MARSH COVE DR.

City & State City & State

PONTE VEDRA BCH., FL

4. FEI Number **59-3409160** Applied For
 Not Applicable

Zip Country Zip Country

32082 U.S. 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

SEROYER, SHAD & JOHN
12878 QUINCY BAY DR
JACKSONVILLE FL 32224

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 [Signature] DATE 3/11/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	DPT SEROYER, JOHN P JR. 1821 KINGS WAY NEPTUNE BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 63 MARSH COVE DR PONTE VEDRA BCH., FL. 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHANE T. SEROYER 1821 KINGS WAY NEPTUNE BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 63 MARSH COVE DR. PONTE VEDRA BCH., FL. 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SEROYER, SHAD T 1821 KINGS WAY NEPTUNE BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 63 MARSH COVE DR PONTE VEDRA BCH., FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANDRA T. SEROYER 1821 KINGS WAY NEPTUNE BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 63 MARSH COVE DR. PONTE VEDRA BCH., FL. 32082
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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **SHAD T. SEROYER** DATE 3/11/02 DAYTIME PHONE # (904)373-0261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)