

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90133 027 ***150.00

DOCUMENT # 122532

1. Entity Name
LLOYD BUICK-CADILLAC, INC.



Principal Place of Business
1140 PELICAN BAY DR
DAYTONA BEACH FL 32119

Mailing Address
1140 PELICAN BAY DR
DAYTONA BEACH FL 32119



2. Principal Place of Business

1585 AVIATION CENTER PKWY
Suite, Apt. #, etc.
SUITE 602

City & State
DAYTONA BEACH FL

Zip
32114

Country
VOLUSIA

3. Mailing Address

1585 AVIATION CENTER PKWY
Suite, Apt. #, etc.
SUITE 602

City & State
DAYTONA BEACH, FL

Zip
32114

Country
VOLUSIA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0216180

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LLOYD, ROBERT F
6354 RIVER RD
NEW SMYRNA BEACH FL 32169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 *Robert F. Lloyd, Chairman*

Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME LLOYD, ROBERT F
STREET ADDRESS 6354 RIVER RD
CITY-ST-ZIP NEW SMYRNA FL 32169

TITLE ST ☐ Delete
NAME MACMILLAN, SCOTT D
STREET ADDRESS 791 PHEASANT RUN CT
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE PD ☐ Delete
NAME LLOYD, WILLIAM S
STREET ADDRESS 2545 S. ATLANTIC AVE. UNIT 2208
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: *Robert F. Lloyd, Chairman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

Date Daytime Phone #

CR2E034 (10/02)