

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90133 035 ***150.00

DOCUMENT # 164877

1. Entity Name
HOLLYWOOD LINCOLN MERCURY, INC.



Principal Place of Business
**1700 SHERIDAN ST.
HOLLYWOOD FL 33020**

Mailing Address
**1700 SHERIDAN ST.
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0652578

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GARDNER, GLENN
911 NE 2ND AVE
FT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **REIF, DANIEL S.**
STREET ADDRESS **2041 D.W. 86TH TERR.**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **PD** ☐ Change ☒ Addition
NAME **GARDNER, GLENN**
STREET ADDRESS **911 NE 2ND AVE**
CITY-ST-ZIP **FT LAUD, FL 33304**

TITLE **V** ☐ Delete
NAME **CAVANAUGH, DANIEL T**
STREET ADDRESS **1710 NW 109 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **V** ☐ Change ☒ Addition
NAME **CARROLL, WILLIAM**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **MASON, WILLIAM L III**
STREET ADDRESS **16817 OAK HILL TRAIL # 1322**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **ASST. SEC.** ☐ Change ☒ Addition
NAME **MULLIN, KATHY**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 10, 2003

Date

954-920-6010

Daytime Phone #

CR2E034 (10/02)