

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90009 001 ***158.75

05/2005 AT

DOCUMENT # 211918

1. Entity Name
SUBURBAN CADILLAC/PONTIAC CORPORATION

Principal Place of Business Mailing Address
11 GLENBROOK ROAD 11 GLENBROOK ROAD
STAMFORD CT 06902 STAMFORD CT 06902

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number **06-0743636** Applied For
 Not Applicable

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

SIEGNER, ROBERT W.
4551 GULF SHORE BOULEVARD N. #903
NAPLES FL 34103

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 _____ (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, 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 | PTD | <input type="checkbox"/> Delete |
| NAME | SIEGNER, ROBERT W | |
| STREET ADDRESS | 4551 GULF SHORE BLVD 903 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SIEGNER, JANET B | |
| STREET ADDRESS | 4551 GULF SHORE BLVD 903 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | VDS | <input type="checkbox"/> Delete |
| NAME | SIEGNER, ROBERT W. J | |
| STREET ADDRESS | 52 CALASS LANE | |
| CITY-ST-ZIP | STAMFORD CT 06903 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: Robert W. Siegner Jr 1/11/02 203 327-0050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)