

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90046 046 ***158.75

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1. Entity Name

REVELS CHRYSLER PLYMOUTH DODGE JEEP EAGLE, INC.



Principal Place of Business

141 WEST MADISON ST.
STARKE FL 32091

Mailing Address

141 WEST MADISON ST.
STARKE FL 32091

90015004



2. Principal Place of Business

204 W. Madison St.

3. Mailing Address

P.O. Box 158

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Starke, Florida

City & State

Green Cove Springs, Florida

4. FEI Number

59-3211236

Applied For

Not Applicable

Zip

Country

32091

USA

Zip

Country

32043

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REVELS, CLAYTON E.
1530 FRASER ROAD
GREEN COVE SPRINGS FL 32043

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

TITLE PD ☐ Delete
NAME REVELS, CLAYTON E
STREET ADDRESS FRASER RD 1530
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE STD ☐ Delete
NAME REVELS, MILDRED M.
STREET ADDRESS FRASER RD 1530
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE D ☐ Delete
NAME BROWN, RHONDA
STREET ADDRESS 1530 FRASER RD.
CITY-ST-ZIP GREEN COVE SPGS. FL

TITLE D ☐ Delete
NAME BAKER, TRINA R
STREET ADDRESS 1509 FRASER RD
CITY-ST-ZIP GREEN COVE SPGS FL

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 32043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32043

TITLE ☐ Change ☐ Addition
NAME D Baker, Trina R.
STREET ADDRESS 1523 Fraser Rd.
CITY-ST-ZIP Green Cove Spgs FL 32043

TITLE ☐ Change ☐ Addition
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:

Clayton E. Revels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 28, 2003 904-284-4727

Date Daytime Phone #

CR2E034 (10/02)