

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # 241759

1. Entity Name

JOHNSON CHRYSLER-PLYMOUTH, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90046 040 \*\*\*158.75

Principal Place of Business  
2633 SOUTH US 1  
FT PIERCE FL 34982  
US

Mailing Address  
PO BOX 14199  
FT PIERCE FL 34979-4199  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **59-0918174**  
Applied For  
Not Applicable

Zip Country Zip Country

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

**JOHNSON, MARY ELLEN**  
**P.O. BOX 14199**  
**FT. PIERCE FL 34979**  
**2633 So. US-1**  
**Fort Pierce FL 34982**

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 *Mary Ellen Johnson* **Mary Ellen Johnson, President** **3-30-00**  
Signature, typed or printed name of registered agent and title if applicable (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, 2000 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 **PDT**  
NAME **JOHNSON, MARY ELLEN**  
STREET ADDRESS **1504 CORONADO AVE.**  
CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE **DAS**  
NAME **O'QUINN, MARJORIE**  
STREET ADDRESS **1501 CORONADO AVE.**  
CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE **TVD**  
NAME **JOHNSON, JANE ELLEN**  
STREET ADDRESS **11321 NW 4TH ST**  
CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **SD VP**  
NAME **RITCHIE, MARY ANNE J**  
STREET ADDRESS **4055 GREENWOOD DR**  
CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Add Treasurer**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Add Vice-President**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: *Mary Ellen Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **3/13/00** Daytime Phone # **466-6000**  
**MARY ELLEN JOHNSON, PRES.**

CH2E034 '9/99'