

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90229 032 ***150.00

DOCUMENT # 244607

1. Entity Name *

KENDRICK - ROWELL OLDSMOBILE - BUICK, INC.

Principal Place of Business

636 W. 15TH STREET
 PANAMA CITY FL 32401

Mailing Address

636 W. 15TH STREET
 PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

P.O. Box 1699

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Panama City, FL

4. FEI Number **59-0917157**

Applied For
 Not Applicable

Zip

Country

Zip
32402

Country
USA

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

**KENDRICK, FRANK W
 207 HOLLIS AVE.
 PANAMA CITY FL 32401**

Name: **FRANK W. KENDRICK**

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

2815 WOODMEERE DR.

City **PANAMA CITY** FL Zip Code **32405**

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 _____

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
STD	ROWELL, REX R. JR.	333 BUNKERS COVE RD.	PANAMA CITY, FL 00000	<input type="checkbox"/>
PD	KENDRICK, FRANK W.	207 HOLLIS AVE	PANAMA CITY, FL 00000	<input type="checkbox"/>
VD	KENDRICK, FRANK W JR	137 DERBY WOODS DR	LYNN HAVEN FL	<input checked="" type="checkbox"/>
VD	ROWELL, ROTH	321 BUNKERS COVE ROAD	PANAMA CITY FL 32401	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Re Rowell* SECRETREAS REX R. ROWELL, JR 1/9/01 85-763-8431
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)