## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 06, 2002 8:00 am Secretary of State **DOCUMENT #** 244607 1. Entity Name 03-06-2002 90124 005 \*\*\*150.00 KENDRICK - ROWELL OLDSMOBILE - BUICK, INC. Principal Place of Business Mailing Address P O BOX 1699 636 W. 15TH STREET PANAMA CITY FL 32402 PANAMA CITY FL 32401 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0917157 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KENDRICK, FRANK W Street Address (P.O. Box Number is Not Acceptable) 2815 WOODMERE DR PANAMA CITY FL 32405 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME ROWELL, REX R. JR. STREET ADDRESS STREET ADDRESS 333 BUNKERS COVE RD. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 00000 Change ☐ Addition TITLE ☐ Delete TITLE PD i KENDRICK, FRANK W. NAME 2815 woodmere Dr. STREET ADDRESS STREET ADDRESS 207 HOLLIS AVE Panama City, FL 32405 CITY-ST-ZIP CITY-ST-ZIP PANAMÁ CITY, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NĀMĒ ROWELL, ROTH ÑAMÉ STREET ADDRESS STREET ADDRESS 321 BUNKERS COVE ROAD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITEE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 hat 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

Doutime Phone #

**FILED**