

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 273487****1. Entity Name**
WESTSIDE DODGE, INC.**FILED**
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90285 005 ***150.00

Principal Place of Business**1672 CASSAT AVENUE**
JACKSONVILLE FL 32210**Mailing Address****1672 CASSAT AVENUE**
JACKSONVILLE FL 32210**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 **59-1011120**

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****SAFER, ELIOT J**~~**4925 BEACH BLVD.**~~~~**JACKSONVILLE FL 32207**~~

Name

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

10110 San Jose Blvd.

City

Jacksonville**FL**

Zip Code

32257**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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PD** ☐ Delete
NAME **ROCK, HOWARD L.**
STREET ADDRESS **4205 HARBOUR ISLAND DR.**
CITY-ST-ZIP **JACKSONVILLE FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VD** ☐ Delete
NAME **SHORE, WILLIAM T.**
STREET ADDRESS **8038 JAMES ISLAND TRAIL**
CITY-ST-ZIP **JACKSONVILLE FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **STD** ☐ Delete
NAME **HOWARD, PATRICIA**
STREET ADDRESS **8880 BRIERWOOD RD**
CITY-ST-ZIP **JACKSONVILLE FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:**  **-Patricia Howard, Sec. Treas.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 904-384-6561

CR2E034 (9/01)