FILED									
Feb 04, 2002 8:00 am									
Secretary of State									

DOCUMENT # 279738  1. Entity Name  MCCOTTER FORD, INC.							Secretary of State 02-04-2002 90178 044 ***150.00				
Principal Place of Business Mailing Address											
3000 CHENEY HIGHWAY TITUSVILLE FLA 32780 US			P O BOX 5729 TITUSVILLE FL 32783 US				\$ 100100 1000 (2000 100) 1000 1000 1000 1000	L(I DIGIN ENLIN		1811 <b>1</b> 1811 1 <b>18</b> 1	
2. Principal Place of Business			3. Mailing Address			$\dashv$					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	4. FEI Number Applied For				
Zip		Country	Zip Cour		ntry	5. (	59-1110011  Certificate of Status Desired	\$8.7	5 Add		
	6. Name	and Address of Current F	legistered Agent		<u> </u>	7. 1	Name and Address of New Register	Fee Re	quire		
			· · · · · · · · · · · · · · · · · · ·	,	Name			<u> </u>			
MCCOTTER, C.R. III 3000 CHENEY HIGHWAY					Street Address (P.O. Box Number is Not Acceptable)						
TITUSVILI	E FL 3278	)									
.\$					City	······································	-	Zip	Code	<del></del>	
<b>∛</b> SIGNATURE .	Signature, typed	y submits this statement for or printed name of registered agent ar ible to satisfy its Intangible		: Registere	d Agent signature requ						
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			itate	10. Election Campaign Financing Trust Fund Contribution.		Àdded	May Be to Fees	
11.	DOT	OFFICERS AND D		12.	- 1	AD	DDITIONS/CHANGES TO OFFICERS A				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ER III, C R NEY HIGHWAY E FL 32780	∟Ì Delete		l l			☐ Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		E ET ADDRESS			☐ Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE				☐ Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Delete	2				☐ Ch	ange	Addition	
TITLE Name Street adoress City-St-Zip			□ Delete		l l			☐ Ch.	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1			Cha	inge	Addition	

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 attackment with an address, with all other like empowered.

**SIGNATURE:** 

2002 UNIFORM BUSINESS REPORT (UBR)