

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90072 042 \*\*\*150.00

**DOCUMENT # 285392**

1. Entity Name  
**FLORIDA AUTOMOTIVE WHOLESALERS SERVICE CORPORATION**

Principal Place of Business

**11 N. SUMMERLIN AVE  
 #209  
 ORLANDO FL 32801  
 US**

Mailing Address

**11 N. SUMMERLIN AVE.  
 #209  
 ORLANDO FL 32801  
 US**

2. Principal Place of Business

**550 N. Bumby Avenue  
 Suite, Apt. #, etc.  
 Suite #215**

3. Mailing Address

**P.O. Box 533009  
 Suite, Apt. #, etc.**

City & State

**Orlando, Florida**

City & State

**Orlando, Florida**

4. FEI Number

**59-1108807**

Applied For

Not Applicable

Zip

**32803**

Country

**USA**

Zip

**32853-3009**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MORRISON, THOMAS  
 11 N SUMMERLIN AVE 209  
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **George EHRHARD**  
 Street Address (P.O. Box Number is Not Acceptable) **550 N. Bumby Ave #215**  
 City **ORLANDO** FL Zip Code **32803**

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 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	GOMEZ, MANNY	
STREET ADDRESS	3535 NW 7TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, THOMAS	
STREET ADDRESS	11 N. SUMMERLIN AVE. #209	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHEFFER, ROY	
STREET ADDRESS	4463 LAFAYETTE ST	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRATHER, JOEL	
STREET ADDRESS	6422 W. HWY 98	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DARVILLE, CLYDE	
STREET ADDRESS	901 N HOWARD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George EHRHARD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vic DAVIS	
STREET ADDRESS	820 NW 2TH AVE	
CITY-ST-ZIP	OCALA, FL 34475	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02 407 895-9046**  
 Date Daytime Phone #

CR2E034 (9/01)