## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # 324611 1. Entity Name ADVANTAGE FORD OF STUART, INC. 03-20-2000 90144 032 \*\*\*150.00 Charles and Charles Mailing Address Principal Place of Business 4501 S.E. FEDERAL HWY 4501 S.E. FEDERAL HWY STUART FL 34997-5750 STUART FL 34997 UUU40769 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1199240 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code FI 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 DATE 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, 2000 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) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition TITLE ☐ Delete **GRACE, PRINCESTON** NAME NAME STREET ADDRESS STREET ADDRESS 4501/SE-FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 ☐ Change Addition TITLE ☐ Delete TITLE MATTHEWS, IRVING J NAME NAME STREET ADDRESS 4501 SE FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP STUART FL 34997 ☐ Addition ☐ Change ☐ Delete TITLE TITLE DORSEY. T.D. NAME 1455 LINCOLN PARKWAY, SUITE 450 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30346 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE Nicole Blake CHILDS, L C 4501 SE Federal Hwy Stuart, FL 34997 NAME NAME 1455 LINOLN PARKWAY, SUITE 450 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30346 TITLE ☐ Addition ☐ Delete TITLE GARRETT, A J NAME NAME 1455 LINCOLN PARKWAY, SUITE 450 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ATLANTA GA 30346 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

3-15-00

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