## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # 324611** ADVANTAGE FORD OF STUART, INC. 04-30-2001 90432 035 \*\*\*150.00 Principal Place of Business Mailing Address 4501 S.E. FEDERAL HWY 4501 S.E. FEDERAL HWY STUART FL 34997 STUART FL 34997 F009931P 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1199240 Not Applicable Zip Country 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 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) ☐ Delete TITLE ☐ Change Addition GRACE, PRINCESTON NAME NAME STREET ADDRESS 4501 SE FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 TITLE Deiete TITLE ☐ Change Acdition MATTHEWS, IRVING J NAME MAME STREET ADDRESS STREET ADDRESS 4501 SE FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 TITLE Delete TITLE Change Addition DORSEY, T D NAME NAME STREET ADDRESS 1455 LINCOLN PARKWAY, SUITE 450 STREET ADORESS CITY-ST-ZIP CiTY-ST-7IP ATLANTA GA 30346 THE Delete TITLE Change Addition NAME BLAKE, NICOLE NAME STREET ADDRESS STREET ADDRESS 4501 SE FEDERAL HWY CITY-ST-ZIP CITY-ST-7IP STUART FL 34997 TITLE Delete THILE ☐ Change Addition NAME GARRETT, A J NAME STREET ADDRESS STREET ADDRESS 1455 LINCOLN PARKWAY, SUITE 450 CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30346 THE ☐ Delete TITLE Change Addition NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Flor'da 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.

Confieler, Sec-Tres 4/23/01

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP