2003 FOR PROFIT CORPORATION

WÜNIFORM BUSINESS REPORT (UBR)

324611 **DOCUMENT #**

1. Entity Name

ADVANTAGE FORD OF STUART, INC.



May 01, 2003 8:00 am \$ Secretary of State \$ \$ 05-01-2003 90128 012 **FILED**

05-01-2003 90138 013 ***150.00

4501 S.E. FEDERAL HWY 450			4501	Mailing Address 4501 S.E. FEDERAL HWY STUART FL 34997						
2. Principal Place of Business 3. Mailing			illing Address				1 3 0 6 0 0 1 1 1 1 0 1 0 1 0 1 0 1 0 1 1 0 1 1 1 0 1			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
City & State			City & State					59-1199240	olied For Applicable	
Zip		Country	Zip Coun		Country	y 		5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
				-	Name -					
	PORATION :			Street Address			ddress (P.C	(P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324					-			4		
:						City		F:L 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. Lam familiar with, and accept the obligations of registered agent.										
SIGNATURE .	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00						<u> </u>	9. Election Campaign Financing \$5.00	May Be		
	• •	3 Fee will be \$550.00 Florida Department of	State						to Fees	
10.		OFFICERS AND D			11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11	
TITLE	VD	0.7.102.10		☐ Delete	TITLE		D	• Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		RINCESTON EDERAL HIGHWAY L 34997			NAME STREET CITY-S	ADDRESS	1455	· Dulich Perkway Suite 450 Intolo Perkway Suite 450 Inta, Ga 30846		
TITLE	PD			☐ Delete	TITLE		D	Change	Addition	
NAME	. –	S, IRVING J		L Delete	NAME					
STREET ADDRESS	4501 SE F	EDERAL HIGHWAY			STREET	ADDRESS	1455	Lincoln Parkway Suite T	20	
CITY-ST-ZIP	STUART F	L 34997			CITY-S	T-ZIP	PH.	anta, GA 30346		
TITLE	DV		<u> </u>	☐ Delete	TITLE	_	V	Kilbride Change	■ Addition	
NAME	DORSEY,		450		NAME	4000500	BL.		450	
STREET ADDRESS CITY-ST-ZIP	ATLANTA	OLN PARKWAY, SUITE	400		CITY-S	ADDRESS T-7IP		2 10/1/10/11		
THTLE	ST	UA 30370		☐ Delete	TITLE	1 211	P47-10	anta, UA 30346 ☐ Change	Addition	
NAME	BLAKE, NI	COLE		L_1 Delete	NAME			Change	Addition {	
STREET ADDRESS		EDERAL HWY				ADORESS			1	
CITY-ST-ZIP	STUART F	L 34997			CITY-S	T-ZIP				
TITLE	D			Delete	TITLE			☐ Change	Addition	
NAME	GARRETT,		150		NAME	ļ			ļ	
STREET ADDRESS CITY-ST-ZIP	1455 LINC ATLANTA	OLN PARKWAY, SUITE :	45U		STREET CITY-S	ADDRESS		•	1	
	WITHIN .	<u> </u>		[] bu :	1	1-41			- Addition	
TITLE NAME	`			Delete	TITLE NAME	İ		☐ Change	Addition	
STREET ADDRESS						ADDRESS			İ	
CITY-ST-ZIP					CITY-S	T-ZIP				

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

UBLATEQUNIEDE Blake Sectres