2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am Secretary of State DOCUMENT # 357516 1. Entity Name 03-26-2002 90031 027 ***158.75 MARLOW-WERNER PONTIAC-BUICK-GMC TRUCK, INC. Principal Place of Business Mailing Address P.O. BOX 511034 P.O. BOX 511034 PUNTA GORDA FL 33957 PUNTA GORDA FL 33957 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 59-1286388 Not Applicable <u></u>Country.⇒ \$8.75-Additional ---5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WERNER, GEORGE C. Street Address (P.O. Box Number is Not Acceptable) 1110 S TAMIAMI TRAIL **PUNTA GORDA FL 33950** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 **TSD** TITLE CR2E034 (9/01) ☐ Delete ☐ Addition NAME MARLOW, RALPH T NAME STREET ADDRESS WASHINGTON LOOP ROAD STREET ADDRESS CITY-ST-7IP PUNTA GORDA FL CHY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MARLOW, EARL C NAME STREET ADDRESS 1149 DORIA ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT_CHARLOTTE, FL_00000 ☐ Delete TITLE ☐ Addition Change NAME Werner, George C STREET ADDRESS 4169 DRANCE ST. STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

941-639-3170

FILED