

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90070 009 ***150.00

DOCUMENT # 400306

1. Entity Name
THOMAS CHEVROLET-GEO-BUICK-OLDS.-PONTIAC, INC.



Principal Place of Business
**2128 HWY. 19 S.
PERRY FL 32347
US**

Mailing Address
**P.O. BOX 415
PERRY FL 32347
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-0401210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, LEWIS H
2128 HWY 19 SO
PERRY FL 32347**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **THOMAS, MARY JO**
STREET ADDRESS **504 PLANTATION RD., P.O. BOX 415**
CITY-ST-ZIP **PERRY FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **BRANTLEY, ALAN R.**
STREET ADDRESS **1005 W. JULIA STREET**
CITY-ST-ZIP **PERRY FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **THOMAS, LEWIS CAL**
STREET ADDRESS **306 GLENRIDGE ROAD**
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **TORNILLO, MERRIO**
STREET ADDRESS **1388 DEVONSHIRE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3148 Hawks Landing**
CITY-ST-ZIP **Tallahassee, FL. 32309**

TITLE **D** ☐ Delete
NAME **THOMAS, LEWIS H**
STREET ADDRESS **504 PLANTATION ROAD**
CITY-ST-ZIP **PERRY FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Jo Thomas

1-13-03

850-584-6221

Date

Daytime Phone #

CR2E034 (10/02)