

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90177 001 ***750.00

DOCUMENT # 426726

1. Entity Name

SMART CHOICE AUTOMOTIVE GROUP, INC.

Principal Place of Business

**1555 SEMORAN BLVD
WINTER PARK FL 32792
US**

Mailing Address

**1555 SEMORAN BLVD
WINTER PARK FL 32792
US**

2. Principal Place of Business

**256 LANTERNBACK DR.
Suite, Apt. #, etc.**

3. Mailing Address

**256 LANTERNBACK DR.
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

SATELLITE BEACH FL.

City & State

SATELLITE BEACH FL.

4. FEI Number

59-1469577

Applied For

Not Applicable

Zip

32937

Country

US

Zip

32937

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, RONALD W
1555 SEMORAN BLVD
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

ERNST, JAMES E.

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

256 LANTERNBACK DR.

SATELLITE BEACH

FL

32937

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

JAMES E. ERNST JAMES E. ERNST PRESIDENT

4/29/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **AS** ☒ Delete
NAME **CLOVER, LILLIAN**
STREET ADDRESS **1555 SEMORAN BLVD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **DPC** ☐ Delete
NAME **ERNST, JAMES E**
STREET ADDRESS **1555 SEMORAN BLVD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **CD** ☒ Delete
NAME **ABRAHAMS, ROBERT**
STREET ADDRESS **5200 S. WASHINGTON AVE.**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **TAS** ☒ Delete
NAME **CAVALIER, JOE**
STREET ADDRESS **1555 SEMORAN BLVD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **ASD** ☒ Delete
NAME **FALGOUT, T J III**
STREET ADDRESS **1555 SEMORAN BLVD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

AV ☐ Change ☒ Addition
NAME **KIEN, LARRY**
STREET ADDRESS **9304 60TH RD.**
CITY-ST-ZIP **WINDERMERE, FL. 34786**

TITLE **DPC** ☒ Change ☐ Addition
NAME **ERNST, JAMES E.**
STREET ADDRESS **256 LANTERNBACK DR.**
CITY-ST-ZIP **SATELLITE BEACH FL. 32937**

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

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

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CITY-ST-ZIP

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

CR2E034 (9/01)

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:

LARRY A. KIEN LARRY A. KIEN VP 4/29/02 (321) 383-4209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #