


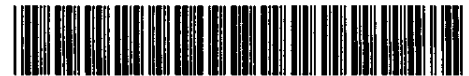
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90019 039 \*\*\*150.00

<b>DOCUMENT # 440109</b>			
1. Entity Name <b>SOUTHPOINTE MOTORCARS, INC.</b>			
Principal Place of Business <b>5151 CLARK ROAD SARASOTA FL 34233</b>		Mailing Address <b>P.O. BOX 4000 P.O. Box 18929 SARASOTA FL 34230 Sarasota, Fl. 34276</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**54012761**



MOORE CR2E034 (11/03)

4. FEI Number <b>59-1494507</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>URFER, JACK D, 5151 CLARK ROAD SARASOTA FL 34233</b>		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, 2004 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	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URFER, JACK D	NAME	
STREET ADDRESS	5151 CLARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URFER, THELMA I	NAME	
STREET ADDRESS	7337 QUARTER HORSE RD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 00000	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URFER, THELMA I	NAME	
STREET ADDRESS	5151 CLARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	URFER, THELMA I.
STREET ADDRESS		STREET ADDRESS	5151 Clark Road
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota, Florida 34233
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Jack D. Urfer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JACK D. URFER, AS PRESIDENT**

2-13-04

Date

Daytime Phone #