## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2002 8:00 am DOCUMENT # **Secretary of State** 497800 1. Entity Name 01-24-2002 90102 001 \*\*\*300 00 VERNAM'S GARAGE & TRUCK SALES, INC. Principal Place of Business Mailing Address 2020 NW 31ST ST 2020 NW 31ST ST OCALA FL 34475 OCALA FL 32675 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-17-19982 -Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VERNAM, JOHN N. III Street Address (P.O. Box Number is Not Acceptable) 2865 SE 36TH STREET **OCALA FL 32671** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME vernam, Brenda L STREET ADDRESS STREET ADDRESS 4730 SW 3RD AVE CITY-ST-ZIP CITY-ST-ZIP OCALA FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME vernam, John N. III STREET ADDRESS STREET ADDRESS 4730 SW 3RD AVE CITY-ST-ZIP CITY-ST-7IP OCALA, FL 00000 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED