

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90225 022 \*\*\*150.00

**DOCUMENT # 516768**

1. Entity Name  
**G.T.S. MOTORCARS, INC.**



Principal Place of Business  
**1325 SOUTH KILLIAN DR.  
LAKE PARK FL 33403**

Mailing Address  
**12765 FOREST HILL BLVD  
SUITE 1302  
WELLINGTON FL 33414**



2. Principal Place of Business  
**Suite, Apt. #, etc.**

3. Mailing Address  
**1325 South Killian Drive  
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lake Park, Florida**

4. FEI Number  
**59-1695275**

Applied For  
Not Applicable

Zip  
**33403**

Country  
**US**

Zip  
**33403**

Country  
**US**

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

## 6. Name and Address of Current Registered Agent

**DE MENDOZA, MARIO G III  
251 ROYAL PALM WAY  
6 FL  
PALM BCH FL 33480**

## 7. Name and Address of New Registered Agent

Name  
**Mario G. de Mendoza, III, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**12765 Forest Hill Boulevard, Suite 1302**  
City  
**Wellington** **FL** Zip Code  
**33414**

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]* **Mario G. de Mendoza, III, President** **01/15/03**  
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

TITLE **PD** ☐ Delete  
NAME **SUTTERFIELD, GERALD T.**  
STREET ADDRESS **5149 DESERT VIXEN**  
CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **STD** ☐ Delete  
NAME **SUTTERFIELD, NANCY J.**  
STREET ADDRESS **5149 DESERT VIXEN**  
CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **D** ☐ Delete  
NAME **SUTTERFIELD, THOMAS A.**  
STREET ADDRESS **5149 DESERT VIXEN**  
CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE **AS** ☐ Change ☒ Addition  
NAME **de Mendoza, Mario G III**  
STREET ADDRESS **12765 Forest Hill Boulevard, Suite 1302**  
CITY-ST-ZIP **Wellington, Florida 33414**

TITLE ☐ Change ☐ Addition  
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 persons empowered.

SIGNATURE: *[Signature]* **Gerald T. Sutterfield, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-1703** **(561) 844-335**  
Date Daytime Phone #

CR2F034 (10/02)