

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90093 035 ***550.00

DOCUMENT # 597317

1. Entity Name
S AND G AUTOMOTIVE WAREHOUSE, INC.

Principal Place of Business

**5301 JADE CIR
 ORLANDO FL 32812**

Mailing Address

**5301 JADE CIR
 ORLANDO FL 32812**

2. Principal Place of Business

19 A N. WESTMORELAND DR

Suite, Apt. #, etc.

3. Mailing Address

19 A N. WESTMORELAND DR

Suite, Apt. #, etc.

City & State

ORLANDO FI

Zip

32805

Country

ORANGE

City & State

ORLANDO FI

Zip

32805

Country

ORANGE

4. FEI Number

59-1869217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GOLDFARB, LARRY
 5301 JADE CR
 ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name

GOLDFARB, GARRY

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

5301 JADE CIRCLE

City

ORLANDO

FL

Zip Code

32812

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 **Tammy FLOYD** **9/11/02**

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 \$550.00

**After September 13, 2002 Fee will be \$750.00
 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 **S** ☐ Delete
 NAME **GOLDFARB, GARRY**
 STREET ADDRESS **8624 OTTERCREEK CT**
 CITY-ST-ZIP **ORLANDO FL 32829**

TITLE **P** ☒ Delete
 NAME **GOLDFARB, LARRY**
 STREET ADDRESS **5301 JADE CR**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **T** ☐ Delete
 NAME **FLOYD, TAMMY**
 STREET ADDRESS **5336 MAUNA LOA LN**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **GOLDFARB, GARRY**
 STREET ADDRESS **5301 JADE Circle**
 CITY-ST-ZIP **ORLANDO, FI 32812**

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

TITLE **VP T** ☒ Change ☐ Addition
 NAME **FLOYD, TAMMY**
 STREET ADDRESS **8624 OTTER CREEK CT**
 CITY-ST-ZIP **ORLANDO, FL 32829**

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

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:

Tammy FLOYD

9/11/02

407-841-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)