

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90206 047 ***150.00

DOCUMENT # 625354

1. Entity Name

BILL BRYAN CHRYSLER, PLYMOUTH, DODGE, INC.

Principal Place of Business

**903 N BLVD W
P.O. BOX 490838
LEESBURG FL 34749-7838**

Mailing Address

**903 N BLVD W
P.O. BOX 490838
LEESBURG FL 34749-7838**

2. Principal Place of Business

3401 U.S. Hw 441/27

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 490838

Suite, Apt. #, etc.

City & State

Fruitland Park, FL

City & State

Leesburg, FL

4. FEI Number

59-1913761

Applied For

Not Applicable

Zip

34737

Country

Zip

34749-7838

Country

Lake

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRYAN, F. WILLIAM, II
1340 MAYFIELD
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2001 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 **PDS** ☐ Delete
NAME **BRYAN, F. WILLIAM, II**
STREET ADDRESS **1365 GROVE TERR DR**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **DT** ☐ Delete
NAME **BRYAN, JOHN NEWTON**
STREET ADDRESS **1731 PINETREE RD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ Delete
NAME **BRYAN, MELISSA**
STREET ADDRESS **407 A W 45TH STREET**
CITY-ST-ZIP **AUSTIN TX**

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-11-01 (407) 628-4343

CR2E034 (10/00)

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