

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90163 034 ***150.00

DOCUMENT # 625354

1. Entity Name
BILL BRYAN CHRYSLER, PLYMOUTH, DODGE, INC.

Principal Place of Business
3401 U.S. HW 441/27
FRUITLAND PARK FL 34737

Mailing Address
P.O. BOX 490838
LEESBURG FL 34749-7838



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1913761**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

1140 Mayfield Ave.

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **1140 Mayfield Ave.**
 STREET ADDRESS **32789**
 CITY-ST-ZIP

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

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

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

TITLE **DT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6308 Walnut Hills Dr.**
 CITY-ST-ZIP **Austin, Texas 78723**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Donald McCammon**
 STREET ADDRESS **1140 Mayfield Ave.**
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-02 (407) 628-4343

Date

Daytime Phone #

CR2E034 (9/01)