

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 672346

1. Entity Name

CREST PONTIAC, INC.

Principal Place of Business

7245 BLANDING BLVD.
P.O. BOX 440969-0009
JACKSONVILLE FL 32244

Mailing Address

7245 BLANDING BLVD.
P.O. BOX 440969-0009
JACKSONVILLE FL 32244

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KELLY, GREGORY W.
1726 CASSAT AVENUE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Kelly, Gregory W.

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

7245 Blanding Blvd.

City

Jacksonville

FL

Zip Code

32244

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	PD	<input type="checkbox"/> Delete
NAME	KELLY, GREGORY W	
STREET ADDRESS	7447 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	KELLY, ROBERT P	
STREET ADDRESS	680 OCEAN ROAD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KELLY, EDWARD J JR	
STREET ADDRESS	7447 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, Gregory W.	
STREET ADDRESS	7245 Blanding Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, Edward J, Jr.	
STREET ADDRESS	7245 Blanding Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory W. Kelly

4-19-01

Date

904-777-9999

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90169 006 ***150.00

748845



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)