## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 756912**

1. Entity Name



**FILED** Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90166 036 \*\*\*\*61.25

INVEPEN	DENI PAINI DEALERS AS	SUCIATIO	IN, INC.	le de		7				
Principal Place of Business  10049 DEEPWOODS DRIVE CRYSTAL RIVER FL 34428  2. Principal Place of Business		Mailing Address								
		10049 DEEPWOODS DRIVE CRYSTAL RIVER FL 34428								
		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number 59-1355309 Applied For Not Applicable			]	
Zip Country		Zi <sub>l</sub>	Zip Co			5. Certificate of Status Desired S8.75 Additional Fee Required			1	
	6. Name and Address of Curre	rent Registered Agent				7. Name and Addre	ess of New Registered A	•		-
			and and the second seco	Nar	me <del>:</del> -	سحم ومعدوب حشري ح				┥.
FACCIOBENE, FRANK 50 W LAURIE ST MELBOURNE FL			Street Address			(P.O. Box Number is Not Acceptable)				
MILLDOO	TUNE I E			City	,		FL	Zip Coo	le	+
the obligate	e named entity submits this statemen tions of registered agent.  Signature, typed or printed name of registered ag					ered agent, or both, in the	e State of Florida. I am fa	amiliar with,	and accept	
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State			
10.	OFFICERS AND	DIRECTORS 11.				ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECCHER, JOSEPH 10049 DEEPWOODS DR CRYSTAL RIVER FL 34428		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	,		Change	☐ Addition	CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buchanan, William 403 E. 11th Street Panama City Fl	<u> </u>	□ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS			☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOEL R. 3351 PLYMOUTH ST. JACKSONVILLE FL	-	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FACCIOBENE, FRANK 50 W LAURIE ST MEI BOURNE, FL 00000		☐ Delete	TITLE NAME STREET ADDRE	ESS			☐ Change	Addition	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

MERRITT, CHARLES

3870 N. DAVIS HWY

PENSACOLA FL

TITLE

NAME STREET ADDRESS

CITY-\$T-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

Delete

1-16-03

352-798-7697

Change

☐ Change

☐ Addition

☐ Addition