

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # 809762

1. Entity Name
DARBY AUTOMOTIVE, INC.

Principal Place of Business
5170 S. TAMiami TRAIL
P.O. BOX 21479
SARASOTA FL 34230

Mailing Address
5170 S. TAMiami TRAIL
P.O. BOX 21479
SARASOTA FL 34230

2. Principal Place of Business
5170 S. TAMiami TRAIL

3. Mailing Address
5170 S. TAMiami TRAIL

Suite, Apt. #, etc.
P.O. BOX 21479

Suite, Apt. #, etc.
P.O. BOX 21479

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip Country
34231

Zip Country
34276

4. FEI Number
59-0715229

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DARBY, C. CONRAD III
3616 BENEVA OAKS BV

SARASOTA FL 34238 US

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 _____ DATE 04/26/2001

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 DS ☐ Delete
NAME WELLS ROBIN J
STREET ADDRESS 2380 BROWNING ST.
CITY-ST-ZIP SARASOTA FL 34237

TITLE D ☐ Delete
NAME DARBY, MARGARET C.
STREET ADDRESS 831 FREELING DR.
CITY-ST-ZIP SARASOTA FL

TITLE DC ☐ Delete
NAME DARBY, C. CONRAD III
STREET ADDRESS 3616 BENEVA OAKS BLVD.
CITY-ST-ZIP SARASOTA FL

TITLE PD ☐ Delete
NAME FROST, SCOTT F
STREET ADDRESS 908 BECKLEY DR
CITY-ST-ZIP VENICE FL

TITLE DT ☐ Delete
NAME DELMORO SANDRA M
STREET ADDRESS 10234 289TH ST EAST
CITY-ST-ZIP MYAKKA CITY FL 34251

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
STREET ADDRESS
CITY-ST-ZIP

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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: SANDRA M DELMORO

DT 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)