

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001088
 1. Entity Name
ULMERTON ROAD AUTOMOTIVE, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAY -3 PM 1:33

Principal Place of Business Mailing Address
9445 ULMERTON RD **9445 ULMERTON RD**
LARGO FL 33771 **LARGO FL 33771-3734**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3579301 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAMERY, JOEL A
12077 94TH ST N
LARGO FL 33773

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$2,000.00** 10. Amount of Capital Contributions in FLORIDA to date.
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	CAMERY, JOEL A
STREET ADDRESS	12077 94TH ST N
CITY - ST - ZIP	LARGO FL 33773
DOCUMENT #	
NAME	CAMERY, CHRISTIAN A
STREET ADDRESS	2001 DECKLE APT A
CITY - ST - ZIP	TAMPA FL
DOCUMENT #	
NAME	CAMERY, BEVERLY K
STREET ADDRESS	12077 94TH ST N
CITY - ST - ZIP	LARGO FL 33773
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	800003289358--0
CITY - ST - ZIP	-06/14/00--01092--001
	****141.25 ****141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X *[Signature]* 5-1000 727-559-8833
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (3/98)