

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90715 022 \*\*\*150.00

DOCUMENT # F00000003601

1. Entity Name  
SATURN RETAIL OF CALIFORNIA, INC.



Principal Place of Business  
SOUTH PARK TOWERS  
600 FAIRVIEW ROAD SUITE 310  
CHARLOTTE NC 28210

Mailing Address  
SOUTH PARK TOWERS  
600 FAIRVIEW ROAD SUITE 310  
CHARLOTTE NC 28210



2. Principal Place of Business

6000 Fairview Rd  
Suite, Apt. #, etc.

3. Mailing Address

6000 Fairview Rd  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 62-1742209

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MUSGRAVE, WILLIAM D	
STREET ADDRESS	6000 FAIRVIEW RD. STE 310	
CITY-ST-ZIP	CHARLOTTE NC 28210	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINARICK, JOHN F.	
STREET ADDRESS	400 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI 48265	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MURRAY, WILLIAM D	
STREET ADDRESS	6000 FAIRVIEW RD. SUITE 310	
CITY-ST-ZIP	CHARLOTTE NC 28210	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, MICHAEL H	
STREET ADDRESS	6000 FAIRVIEW RD. STE 310	
CITY-ST-ZIP	CHARLOTTE NC 28210	
TITLE	V	<input type="checkbox"/> Delete
NAME	WINTON, CHARLES D	
STREET ADDRESS	6000 FAIRVIEW RD. STE 310	
CITY-ST-ZIP	CHARLOTTE NC 28210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARMER, WILLIAM A	
STREET ADDRESS	100 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI 48265	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael L. Flory	
STREET ADDRESS	100 Renaissance Center	
CITY-ST-ZIP	Detroit, MI 48265	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald S. Redfern	
STREET ADDRESS	100 Renaissance Center	
CITY-ST-ZIP	Detroit, MI 48265	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald W. Litteken	
STREET ADDRESS	6708 Columbine Way	
CITY-ST-ZIP	Plano, TX 75093	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles C. Thomson, Jr	
STREET ADDRESS	400 Renaissance Center	
CITY-ST-ZIP	Detroit, MI 48243	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael L. Heisel	
STREET ADDRESS	100 Renaissance Center	
CITY-ST-ZIP	Detroit, MI 48265	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

William D. Murray 4/30/03 704-554-4084  
Date Daytime Phone #

CR2E034 (10/02)