## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

F0000003654

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SARASOTA FL 34238

DEHART AUTOMOTIVE, INC.



## FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90221 018 \*\*\*150.00

<u> </u>						1 600	WE TEL					
Principal Place of Business 6281 EAST SAWGRASS RD SARASOTA FL 34240 US			Mailing Address 6281 EAST SAWGRASS RD SARASOTA FL 34240									
			us									
2. Principal Place of Business			3. Mailing Address									ı
Suite, Apt. #, etc.			Suite, Apt. #, etc.									
								CHECK HERE IF MAKING CHANGES				
City & State			City & State				4	4. FEI Number 65-0963726 Applied Fo				
Zip		Country	Zip		Coun	try		. Certificate of Status Desired	П :		Not Applicable dditional	<u>-</u>
	6. Name a	ind Address of Current	nt Registered Agent			Fee Required  7. Name and Address of New Registered Agent						_
						Name-			istered A	gent		4_
DEHART, ANGALA							Kuss Dethart					
2924 CLARK ROAD							Street Address (P.O. Box Number is Not Acceptable)					
SUITE #	<sup>1</sup> 206				i		<i>~~</i>	APA DI				$\dashv$
SARASO	TA FL 34231				}	City				<del> </del>		╛
O Th	<del></del> -	· ·	<u> </u>			City S	ACASON	ta-	FL	Ziz 29	<b>941</b>	1
the obliga	e named entity sations of register	Submits this statement for ed agent:	r the purp	oose of changing its re	gistere	d office o	registered a	igent, or both, in the State of Florid	a. I am fa	miliar with	, and accept	┨
	/1/	<i>I</i> _										
SIGNATURE-	Signature, typed or	printed name of registered agent a	DE					2	(3/0	3		
<del></del>		<del>:</del>	ind title it app	NOTE: R	egistered	Agent signati	ure required when	reinstating)	DATE		<del></del>	}
F	FILE NOW!!!	FEE IS \$150.00						A Flankin 0			<del></del>	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			Ctoto								00 May Be d to Fees	
10.		OFFICERS AND I		D0.			<del>-</del>	4	_			
TITLE	PC	OF TICENS AND I	JINEC TO	Delete	11.	<del>-</del>	A. (4.7)	DDITIONS/CHANGES TO OFFICE			RS IN 11	1_
NAME	DEHART, RU	ISS		LI Delete	NAME		DEMAI	M. RUSS	J	Change	Addition	05
STREET ADDRESS		NGHAM STREET				ADDRESS	396	DUANA DE				18
CITY-ST-ZIP SARASOTA FL 34238					CITY-S			DEHATT, RUSS DEHATT, RUSS 3960 UARA DE SALASSTA, FL 34241				
TITLE	VPVC -		_	Delete	TITLE		VPV			☐ Change	Addition	CR2E034 (10/02)
NAME	DEHART, AN	IGALA		•	NAME		V / V	ات برمست		_ Change	Dudition	5
STREET ADDRESS 6222 BUCKINGHAM STREET					TADDRESS DEHART, STEVEN ST-ZIP 6281 EAST. SAWTASS RY SALASOTA, FL 342.40							
TITLE	SARASOTA	L 34238	· · ·		CITY-S	T-ZIP	6281	East, Sawyrass RIS	•			
NAME	ST .	0414	٠	Delete 17	TITLE		SALA	sota, FL 342:40	Ε	Change	Addition	
STREET ADDRESS	DEHART, AN				NAME			•			_	
<sup></sup>	0222 DUUN!	NGHAM STREET			STREET	ADDRESS		,				1

TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DEHANT, JETEMY

6281 EAST SAWGEASS RD

SAFASOTA PL 34240

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

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 a address, with all other like empowered.

SIGNATURES STEHANTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

2/13/03 941-371-1670

□ Change

☐ Change

Addition

☐ Addition