

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01175

1. Entity Name
FORT MYERS LINCOLN MERCURY, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90294 024 ***150.00

Principal Place of Business

Mailing Address

**14200 S. TAMiami TRAIL
FORT MYERS FL 33912**

**14200 S. TAMiami TRAIL
FORT MYERS FL 33912**

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 **59-2039496**

Applied For

Not Applicable

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

**SCANLON, JOHN
14200 S. TAMiami TRAIL
FT MYERS FL 33912**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCANLON JOHN E	
STREET ADDRESS	4841 CONOVER CT.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SCANLON JOAN	
STREET ADDRESS	4841 CONOVER CT.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRUMMERT, DOROTHY	
STREET ADDRESS	17495 DUMONT DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MORGAN, VONNIE	
STREET ADDRESS	502 EAST PARK AVE.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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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: *Dorothy Brummett* **Dorothy Brummett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2501 991-433-2217

Date

Daytime Phone #

CR2E034 (10/00)