2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **F72536** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** CONLEY BUICK-PONTIAC, INC. 01-19-2000 90253 050 ***150.00 Principal Place of Business Mailing Address 2900 J. REDMAN PKWY. % SUSAN J. VANZANT 2401 MANATEE AVENUE WEST 2401 MANATEE AVENUE WEST PLANT CITY FL 33566 **BRADENTON FL 34205-4933** 2. Principal Place of Business 2900 JIM REDMAN 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number PLANT Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired UŚA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VANZANT, SUSAN J. Street Address (P.O. Box Number is Not Acceptable) 2401 MANATEE AVENUE WEST BRADENTON FL 34205 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete ☐ Change ☐ Addition TITLE TITLE CONLEY, JEFFREY NAME NAME STREET ADDRESS 408 51ST ST., NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Change ☐ Addition TITI F Delete TITLE CONLEY, ILEY NAME NAME STREET ADDRESS 1615 71ST STREET, NW STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BRADENTON FL DYP D/PRETIDENT F-Change - Addition TITLE ☐ Dalete TITLE -CONLEY, ROGER P NAME NAME 2401 MANATEE AVENUE W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.