

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90061 001 \*\*\*150.00

0246320

**DOCUMENT # F81394**

1. Entity Name  
**DENNIS FRONRATH CHEVROLET, INC.**

Principal Place of Business <b>4901 N FEDERAL HWY          STE 350          FT LAUDERDALE FL 33308          US</b>	Mailing Address <b>4901 N FEDERAL HWY          STE 350          FT LAUDERDALE FL 33308          US</b>
---	---

**40048000**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5353 N FEDERAL HWY</b>	3. Mailing Address <b>5353 N FEDERAL HWY</b>
---	---

Suite, Apt. #, etc. <b>STE 204</b>	Suite, Apt. #, etc. <b>STE 204</b>
---------------------------------------	---------------------------------------

City & State <b>FORT LAUDERDALE, FL</b>	City & State <b>FORT LAUDERDALE, FL</b>
--	--

4. FEI Number <b>59-2196113</b>	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

Zip <b>33308</b>	Country <b>US</b>	Zip <b>33308</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
------------------	-------------------	------------------	-------------------	---

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DORER, ERIC J ESQ.  
 30 NE 3RD ST  
 FT. LAUDERDALE FL 33301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>FRONRATH, GARY</b> <b>4904 N FEDERAL HWY, #350-</b> <b>FT LAUDERDALE, FL 00000 33308</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5353 N. Federal Hwy., Ste. #204</b> <b>Ft. Lauderdale, FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILLIAMS, BARBARA</b> <b>4901 N FEDERAL HWY, #350</b> <b>FT. LAUDERDALE FL 33308</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 for 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Eric J. Dorer, Reg. Agt.**

**954-467-1224**

Date Daytime Phone #

CP2E034 (10/00)