

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90028 020 ***150.00

DOCUMENT # F94000003407
1. Entity Name
DAVIDSON CHEVROLET COMPANY, INC.

Principal Place of Business Mailing Address
530 EASTERN AVENUE 530 EASTERN AVENUE
MALDEN MA 02148-4228 MALDEN MA 02148-4228

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2075381 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIDSON, C
1510 OAK HARBOR BLVD
VERO BEACH FL 32967

7. Name and Address of New Registered Agent
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, 2000 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		
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIDSON, GREGORY	
STREET ADDRESS	58 BEVERLY RD	
CITY-ST-ZIP	ARLINGTON MA	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIDSON, CHARLOTTE C	
STREET ADDRESS	1510 OAK HARBOR BLVD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	DAVIDSON, GWEN	
STREET ADDRESS	46 BEVERLY RD	
CITY-ST-ZIP	ARLINGTON MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, GREGORY	
STREET ADDRESS	58 BEVERLY RD	
CITY-ST-ZIP	ARLINGTON MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, CHARLOTTE	
STREET ADDRESS	1510 OAK HARBOR BLVD	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, GWEN	
STREET ADDRESS	46 BEVERLY RD	
CITY-ST-ZIP	ARLINGTON MA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Gregory L. Davidson 2/29/00 (781) 321-1450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)