2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2000 8:00 am Secretary of State DOCUMENT # **F94000005082** 1. Entity Name DANIELS SATURN, INC. 03-01-2000 90023 025 ***150.00 Mailing Address Principal Place of Business 3737 NORTH MAIN ST 3737 NORTH MAIN ST GAINESVILLE FL 32609 GAINESVILLE FL 32609-2305 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3268729 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANIELS, ROLAND C Street Address (P.O. Box Number is Not Acceptable) 3737 NORTH MAIN STREET **GAINESVILLE FL 32609** City Zip Code 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. Roland G. Daniels,Eresident 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE □ Delete TITLE Change NAME DANIELS, ROLAND C NAME STREET ADDRESS STREET ADDRESS 3737 NORTH MAIN STREET CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME KELLY, VIRGINIA NAME STREET ADDRESS STREET ADDRESS 9750 NE 46TH LN CITY-ST-ZIP CITY-ST-ZIP **BRONSON FL 32621** ☐ Change TITLE Addition Delete TITLE ROBENALT, W A NAME NAME Murdock, Steve STREET ADDRESS STREET ADDRESS 5730 GLENRIDGE DR. 5730 Glenridge Drive CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30328 Atlanta, Ga. 30328 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE SIGNATURE OF PRINTIED NAME OF SIGNING OFFICER OR DIRECTOR 02/

02/24/2000

352-395**-630**0

Daytime Phone #