

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90046 015 ***150.00

DOCUMENT # F94000005082

1. Entity Name
DANIELS SATURN, INC.

Principal Place of Business
3737 NORTH MAIN ST
GAINESVILLE FL 32609
US

Mailing Address
3737 NORTH MAIN ST
GAINESVILLE FL 32609
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3268729**
 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

DANIELS, ROLAND C
3737 NORTH MAIN STREET
GAINESVILLE FL 32609

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, 2002 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**
 NAME **DANIELS, ROLAND C**
 STREET ADDRESS **3737 NORTH MAIN STREET**
 CITY-ST-ZIP **GAINESVILLE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD**
 NAME **KELLY, VIRGINIA**
 STREET ADDRESS **9750 NE 46TH LN**
 CITY-ST-ZIP **BRONSON FL 32621** ☒ Delete

TITLE **SECRETARY-TREASURER**
 NAME **JUDITH MARION**
 STREET ADDRESS **3240 SW 34th ST #807**
 CITY-ST-ZIP **Ocala, FL 34474** ☐ Change ☒ Addition

TITLE **D**
 NAME **MURDOCH, STEVE**
 STREET ADDRESS **5730 GLENRIDGE DR.**
 CITY-ST-ZIP **ATLANTA GA 30328** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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 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 which will otherwise be empowered.

SIGNATURE: **ROLAND C. DANIELS, President**

4/24/02 **352-395-6300**
 Date Daytime Phone #

CR2E034 (9/01)