

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90035 011 ***150.00

DOCUMENT # F96000001559 ✓

1. Entity Name

ST. Johns MOTOR SALES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2107 THE DEALER DEVELOPMENT GROUP, INC. 100 NW 12TH AVENUE City & State DEERFIELD BEACH FL Zip 33442 Country USA		3. Mailing Address 100 NW 12TH AVENUE Suite, Apt. # etc. LEGAL DEPT. JMFDF018 City & State DEERFIELD BEACH FL Zip 33442 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3364916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD	
City PLANTATION	FL Zip Code 33324

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	VP WARD L. TAYLOR, III 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCOTT, PEARL 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEARL SCOTT, ASSISTANT SECRETARY

Date

Daytime Phone #

CR2E034B (12/01)