2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000001559

Address:

City-St-Zip:

2995 US HWY 1 SOUTH

ST AUGUSTINE, FL

Entity Name: ST. JOHNS MOTOR SALES, INC.

FILED Apr 23, 2003 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
100 NW 12	DEALER DEVE 2TH AVENUE .D BEACH, FL		T GROUP INC US		C/O THE DEALER 100 JIM MORAN B DEERFIELD BEAC	LVD.		NT GROUP INC US
Current M	ailing Addres	ss:			New Mailing Add	ress:		
C/O THE DEALER DEVELOPMENT GROUP INC 100 NW 12TH AVENUE DEERFIELD BEACH, FL 33442 US					C/O THE DEALER DEVELOPMENT GROUP INC 100 JIM MORAN BLVD MAILDROP JMFDF018 DEERFIELD BEACH, FL 33442 US			
FEI Number:	59-3364916	FEI Numi	ber Applied For()	FEI Nun	nber Not Applicable()		Certificat	e of Status Desired ()
Name and	Address of C	Current Re	egistered Agent:		Name and Addres	s of N	ew Regi	stered Agent:
1200 SOU	ORATION SYS TH PINE ISLAI ON, FL 33324	ND ROAD						
	named entity see of Florida.	submits th	is statement for the pu	rpose o	f changing its registe	ered of	fice or re	egistered agent, or both,
SIGNATUR	RE:							
	Electror	nic Signatu	re of Registered Agen	t			[Date
	mpaign Financini S AND DIREC	_	d Contribution().		ADDITIONS/CHAP	NGES T	ro off	CERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	VP () TAYLORIII, WA 100 NW 12TH / DEERFIELD BE	٩VE	3442		Title: Name: Address: City-St-Zip:	()	Change() Addition
Title: Name: Address: City-St-Zip:	AS (X SCOTT, PEARL 100 NW 12TH / DEERFIELD BE	AVENUE	3442		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name:	AS (X SCOTT, PEARL) Delete			Title: Name:	()	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

	SIGNATURE: L. TAYLOR WARD III	VP	04/23/2003
--	-------------------------------	----	------------