

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91479 009 ***150.00

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DOCUMENT # F97000000607

1. Entity Name
FLAGLER FORD, INC.



Principal Place of Business
**1150 PALM COAST PKWY
PALM COAST FL 32137**

Mailing Address
**BOX 354587
PALM COAST FL 32135
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 **59-3423527**
Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MONTGOMERY, ROBERT E	
STREET ADDRESS	1150 PALMN COAST PARKWAY	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KILBRIDE, B L	
STREET ADDRESS	300 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	KATARIA, B P	
STREET ADDRESS	300 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREAMEAN, W A	
STREET ADDRESS	300 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert E Montgomery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/03 386-447-3380
Date Daytime Phone #

CR2E034 (10/02)