

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005033

1. Entity Name

FITZGERALD MOTORS, INC.

Principal Place of Business

27365 U.S. HIGHWAY 19, NORTH
CLEARWATER FL 34621

Mailing Address

27365 U.S. HIGHWAY 19, NORTH
CLEARWATER FL 34621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SMITH, ROBERT J
27365 US HIGHWAY 19 NORTH
CLEARWATER FL 34621 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JENKINS, GERRY M
11411 ROCKVILLE PIKE
KENSINGTON MD 20895 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CASH, JAMES W
11411 ROCKVILLE PIKE
KENSINGTON MD 20895 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TC
JENKINS, GARRY M
11411 ROCKVILLE PIKE
KENSINGTON MD 20895 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FITZGERALD, DOROTHY M
11411 ROCKVILLE PIKE
KENSINGTON MD 20895 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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, with all other like empowered.

SIGNATURE:

Robert J. Smith ROBERT J. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01 (727) 799/1800

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90096 044 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2978037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0368052