2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F9700005033 DOCUMENT

1. Entity Name



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90157 026 ***150.00

FITZGERALD MOTORS, INC.						
27365 U.S. HIGHWAY 19, NORTH 27365		Mailing Address 27365 U.S. HIGHWAY 19 CLEARWATER FL 34621). NORTH		i 8 1111 at ine 141 10 1414 i ari	
Principal Place of Business 3. Ma		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2978037	2972978137	
Zip	Country	Zip	Country		Not Applicable 3.75 Additional e Required	
~~	6. Name and Address of Current I	Registered Agent		- 7. Name and Address of New Registered Age		
C T CORPORATION SYSTEM			Name	Name		
1200 SOUTH PINE ISLAND RD.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324						
			City	FL	Zip Code	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am fam	iliar with, and accept	
trie obliga	lions of registered agent.				}	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered Agent signature requ	ired 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 D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 11	
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		Change Addition	
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		Change Addition	
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	المستهد المستوجد المستهد	Change Addition	
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		Change	
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		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST. 7IP		Change	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: