

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90268 044 ***150.00

DOCUMENT # F97000006092

1. Entity Name
SATURN RETAIL OF FLORIDA, INC.



Principal Place of Business
**SATURN OF ORLANDO SOUTH
8620 S. ORANGE BLOSSOM TR.
ORLANDO FL 32809**

Mailing Address
**SATURN OF ORLANDO SOUTH
8620 S. ORANGE BLOSSOM TR.
ORLANDO FL 32809**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **62-1723009**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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	S	<input checked="" type="checkbox"/> Delete
NAME	MINARICK, JOHN	
STREET ADDRESS	41924 WATERWHEEL	
CITY-ST-ZIP	NORTHVILLE MI 48167	
TITLE	VPRE	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, BRUCE J	
STREET ADDRESS	108 EMERALD LANE	
CITY-ST-ZIP	MOORESVILLE NC 28117	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MOHNKE, DANIEL R	
STREET ADDRESS	42109 SUTTERS LANE	
CITY-ST-ZIP	NORTHVILLE MI 48167	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, STEVE	
STREET ADDRESS	20 SAWGRASS	
CITY-ST-ZIP	TRABUCO CANYON CA 92679	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TROST, RICHARD H	
STREET ADDRESS	717 MIDDLESEX	
CITY-ST-ZIP	GROSSE POINTE MI 48230	
TITLE	DM	<input type="checkbox"/> Delete
NAME	THOMSON, CHARLES C	
STREET ADDRESS	3320 BURNING BUSH	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48301	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael H. Jones	
STREET ADDRESS	3318 Parting Brook Court	
CITY-ST-ZIP	Charlotte NC 28210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael L. Heisel	
STREET ADDRESS	31260 Sunset Drive	
CITY-ST-ZIP	Franklin MI 48025	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John F. Minarick	
STREET ADDRESS	41924 Waterwheel	
CITY-ST-ZIP	Northville MI 48167	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael L. Flory	
STREET ADDRESS	42150 Echo Forest Drive	
CITY-ST-ZIP	Canton MI 48188	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roland Daniels	
STREET ADDRESS	3737 N. Main St	
CITY-ST-ZIP	Gainesville FL 32609	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES W. Snyder Jr.	
STREET ADDRESS	1634 Tiverton St	
CITY-ST-ZIP	Winter Springs FL 32708	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/03 704-554-4040

CR2E034 (10/02)