

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90170 030 ***150.00

DOCUMENT # F97000006236

1. Entity Name
UAG KISSIMMEE MOTORS, INC.



Principal Place of Business
2535 N. ORANGE BLOSSOM TR.
KISSIMMEE, FL 34744

Mailing Address
2555 TELEGRAPH RD.
BLOOMFIELD HILLS, MI 48302-0954

14003571



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2361341	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KURNICK, ROBERT H JR 2555 TELEGRAPH RD. BLOOMFIELD HILLS, MI 483020954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIDSON, JAMES R ONE HARMON PLAZA 9TH FL SECAUCUS, NJ 07094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GARTER, ROGER PENSKE JR, ROGER S. 2535 N ORANGE BLOSSOM TR 2555 TELEGRAPH RD KISSIMMEE, FL 34744 BLOOMFIELD HILLS, MI 48302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLFE, BERNHARD W ED, PACE 2555 TELEGRAPH RD. BLOOMFIELD HILLS, MI 483020954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FEHER, MAGGIE 2555 TELEGRAPH RD. BLOOMFIELD HILLS, MI 483020954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05