

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0357420 AV

DOCUMENT # F98000002867

1. Entity Name
SATURN RETAIL OF SOUTH FLORIDA, INC.

04-01-2002 90173 042 ***158.75

Principal Place of Business SATURN OF WEST PALM BEACH 1220 N. MILITARY TR. WEST PALM BEACH FL 33409	Mailing Address SATURN OF WEST PALM BEACH 1220 N. MILITARY TR. WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0838878		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	D THOMSON, JR., CHARLES C	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	400 RENAISSANCE CENTER			STREET ADDRESS			
CITY-ST-ZIP	DETROIT MI 48265			CITY-ST-ZIP			
TITLE NAME	D MINARICK, JOHN	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	100 SATURN PKWY.			STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL TN 37174			CITY-ST-ZIP			
TITLE NAME	T MOHNKE, DANIEL R	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	100 SATURN PKWY.			STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL TN 37174			CITY-ST-ZIP			
TITLE NAME	D FARMER, WILLIAM A	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	100 RENAISSANCE CENTER			STREET ADDRESS			
CITY-ST-ZIP	DETROIT MI 48265			CITY-ST-ZIP			
TITLE NAME	P DANIELS, ROLAND	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1220 NORTH MILITARY TRAIL			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33409			CITY-ST-ZIP			
TITLE NAME	AS TROST, RICHARD H	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	100 SATURN PKWY.			STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL TN 37174			CITY-ST-ZIP			

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: *[Signature]* DATE: **3/19/02** 352-395-6300 x101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E034 (9/01)