

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90351 034 \*\*\*150.00

**DOCUMENT # F98000005359**

1. Entity Name

**SATURN RETAIL OF NORTH FLORIDA, INC.**

Principal Place of Business

**10863 PHILLIPS HWY.  
JACKSONVILLE FL 32256**

Mailing Address

**10863 PHILLIPS HWY.  
JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **62-1755373**

Applied For

Not Applicable

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	POUNDS, DAVID	10863 PHILLIPS HWY	JACKSONVILLE FL 32256	<input type="checkbox"/>
VP	GRIFFIN, STEVE	100 SATURN PARKWAY	SPRINGHILL TN 37174	<input checked="" type="checkbox"/>
ST	JONES, ANNA	1255 CARRIAGE PARK DRIVE	FRANKLIN TN 37061	<input checked="" type="checkbox"/>
D	LAJZIAK, JILL	27 BEVERLY RD	GROSSE POINT FARMS MI 48236	<input checked="" type="checkbox"/>
D	THOMSON, CHUCK	3320 BURNING BRUSH B	BLOOMFIELD HILLS MI 48301	<input type="checkbox"/>
D	TOPORZYCKI, EDWARD	9455 CHANCER COURT	BRENTWOOD TN 37027	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Richard H. Trost	100 Saturn Pkway	Spring Hill, TN 37174	<input checked="" type="checkbox"/>
	Daniel R. Mohrke	100 Saturn Pkway	Spring Hill, TN	<input checked="" type="checkbox"/>
	John F. Minarick	100 Saturn Parkway	Spring Hill, TN	<input checked="" type="checkbox"/>
	William A. Farmer	100 Saturn Parkway	Spring Hill, TN	<input checked="" type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-01

Date

Daytime Phone #

CR2E034 (10/00)