## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9800005359

1. Entity Name

SATURN RETAIL OF NORTH FLORIDA, INC.



## FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90060 008 \*\*\*150.00

| TITLE ST   |                                |   | ·                             |                                    | 7   |                              |              |
|--|--------------------------------|---|-------------------------------|------------------------------------|---|------------------------------|--------------|
| Sulte, Apt. #, etc.   Suite, Apt. #, etc.   Chy & State   Chy & Shate      | 10863 PHILLIPS HWY.            |   | 10863 PHILLIPS HWY.           |                                    |   | -                            |              |
| Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & City & State   City & City & State   City & City & State   City & City & City & State   City & City   |                                |   |                               |                                    |   |                              |              |
| City & State  Country  Cou   | 2. Principal Place of Business |   | 3. Mailing Address            |                                    |   | :BIB: 6:188 !!!B! 8!!!B !&!! | <b>!</b> ##! |
| Zip Country Zip Country 5. Certificate of Status Desired Desired Agent Status Desired Address of Name and Address of New Registered Agent Status Desired Address of Name and Address of New Registered Agent Desired Address Status Desired Desired Address Status Desired Address Status Desired Desi   | Suite, Apt. #, etc.            |   | Suite, Apt. #, etc.           |                                    | ☐ CHECK HERE IF MAKING CHANGES                        |                              |              |
| E. Name and Address of Current Registered Agent  C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL. 33324  City  City  City  FL. Zip Code  6. The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature. Those of its read made digity submits the statement for the purpose of changing its registered digitics or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature. The now, the first read made of registered agent and the flagstactate.  FILE NOW, II FEE IS \$150.00 After May 1, 2009 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAXE  10. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN THE MAXE  10. STEEL ADDRESS  10. STEEL | City & State                   |   | City & State                  |                                    | 4. FEI Number 62-1755373                              | <del></del>                  |              |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  Num  City Sip P  City S   | Zip                            | Country                                   | Zip                           | Country                            | 5. Certificate of Status Desired                      | \$8.75 Additional            | able         |
| Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City   |                                | 6. Name and Address of Current F          | llegistered Agent             |                                    |   |                              |              |
| 1200 SOUTH PINE ISLAND ROAD   PLANTATION FL 33324   City   FL   Zip Code   | 0 - 00-                        |   |                               | Name                               |   |                              |              |
| PLANTATION FL 33324  City FL Zip Code  8. The above named entity submiss this statement for the purpose of changing lits registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWILI FEE IS \$150.00  After May 1, 2003. Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 11  TITLE  MWE  TITLE  VP  POUNDS, DAVID  10863 PHILLIPS HWY  10864 DERIVER AUGRESS  1077-51-2P  TITLE  WORKSHIP AUGRESS  1077-51-2P  10864 THE  10864 THE  10864 THE  10865 THE AUGRESS  1077-51-2P  10866 THE  10866  |                                |   |                               | Street Addres                      | s (P.O. Box Number is Not Acceptable)                 | <b></b>                      | $\dashv$     |
| City   FL   Zip Code   |                                | <del>-</del>                              |                               |                                    |   |                              |              |
| B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Septime     | FLANIAI                        | ION FL 33324                              |                               |                                    |   |                              |              |
| THE NOW. IT FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  TITLE NAME POUNDS, DAVID 10883 PHILLIPS HWY 10883 PHILLIPS HWY 1003 Fire ADDRESS 1017-51-2P 100 SATURN PRKWAY 5TREET ADDRESS 1077-51-2P 5PRING HILL TN 100 SATURN PKWY 5TREET ADDRESS 5TREET ADDRESS 100 SATURN PKWY 5TREET ADDRESS 100 SATUR |                                |   |                               | '                                  | - <del>-</del>  | '                            | - {          |
| SIGNATURE    Signature in poed or printed name of registered agent and life if applicables   (NOTE Registered Agent signature required when reinstating)   DATE  | 8. The above                   | e named entity submits this statement for | the purpose of changing its   | registered office or regis         | tered agent, or both, in the State of Florida. I am f | amiliar with, and acce       | ept          |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  | ino obliga                     | nono orrogiotorea agent.                  |                               |                                    | •   |                              |              |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  | SIGNATURE                      |   | ed title if applicable. (NOTE | : Registered Agent signature requi | (ired when reinstating)                               |                              |              |
| After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME SIREET ADDRESS CITY-ST-ZIP  NAME TITLE  NAME TITLE  NAME SIREET ADDRESS CITY-ST-ZIP  NAME SIREET ADDRESS CITY-ST-ZIP  NAME SIREET ADDRESS CITY-ST-ZIP  MOHNKE, DANIEL R  NAME SIREET ADDRESS CITY-ST-ZIP  MINARICK, JOHN F  100 SATURN PKWY SIREET ADDRESS CITY-ST-ZIP  MINARICK, JOHN F  100 SATURN PKWY SIREET ADDRESS CITY-ST-ZIP  MINARICK, JOHN F  100 SATURN PKWY SIREET ADDRESS CITY-ST-ZIP  MINARICK, JOHN F  100 SATURN PKWY SIREET ADDRESS CITY-ST-ZIP  MINARICK, JOHN F  100 SATURN PKWY SIREET ADDRESS CITY-ST-ZIP  MAME  MAME SIREET ADDRESS CITY-ST-ZIP  MAME  MAME SIREET ADDRESS CITY-ST-ZIP  MAME  MAME  TITLE  D  Change Addition Addition Addition AMAE  TITLE  D  Change Addition Addition Addition AMAE  TITLE  D  Change Addition Addition AMAE  TITLE  D  Change Addition Addition AMAE  TITLE  D  Change Addition Addition Addition AMAE  TITLE  D  Change Addition Addition AMAE  THOMPSON, CHARLES  |                                | TLE NOW!!! FEE IS \$150.00                |                               |                                    |   |                              |              |
| TITLE POUNDS, DAVID   Delete   NAME   STREET ADDRESS   DO SATURN PKWY   STREET ADDRESS   CITY-ST-ZIP   Delete   MINAME   DO SATURN PKWY   STREET ADDRESS   CITY-ST-ZIP   Delete   MINAME   DO SATURN PKWY   STREET ADDRESS   CITY-ST-ZIP   Delete   MINAME   MI   | Afte                           | r May 1, 2003 Fee will be \$550.00        | State                         |                                    |   |                              |              |
| NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE D MINARICK, JOHN F STREET ADDRESS CITY-ST-ZIP TITLE D MAME STREET ADDRESS CITY-ST-ZIP TITLE D AGDRESS CITY-ST-ZIP TITLE D AGDRESS CITY-ST-ZIP TITLE D AGDRESS CITY-ST-ZIP TITLE D AGDRESS CITY-ST-ZIP TITLE D Change Addition Addition Addition ADDRESS CITY-ST-ZIP TITLE D CHANGE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE ADDRESS CITY-ST-ZIP TITLE D CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP TITLE D CHANGE ADDRESS CITY-ST-ZIP TITLE D CHANGE ADDRESS CITY-ST-ZIP TITLE NAME TITLE D CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS   | 10.                            | T   | DIRECTORS                     | 11.                                | ADDITIONS/CHANGES TO OFFICERS AND                     | DIRECTORS IN 11              |              |
| STREET ADDRESS   CITY-ST-ZIP   |                                | 1 '                                       | ☐ Delete                      |                                    |   | ☐ Change ☐ Addi              | ition        |
| CITY-ST-ZIP  JACKSONVILLE FL 32256  CITY-ST-ZIP  TITLE  VP  TROST, RICHARD H  100 SATURN PARKWAY STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  D  MINARICK, JOHN F 100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  TITLE  D  MINARICK, JOHN F 100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  TITLE  D  MINARICK, JOHN F 100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  TITLE  D  D  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  D  STREET ADDRESS CITY-ST-ZIP  TITLE  D  D  DELET  TITLE  D  D  DELET  TITLE  D  D  DELET  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  THOMPSON, CHARLES  |                                |   | •                             | <del>-</del>                       |   |                              |              |
| NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO SATURN PKWY STREET ADDRESS CITY-ST-ZIP  TITLE D OBJETE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE D OBJETE TITLE D OBJETE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D OBJETE TITLE D OBJETE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TARMER, WILLIAM A TOO SATURN PKWY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D OBJETE TITLE NAME THOMPSON, CHARLES  | CITY-ST-ZIP                    |   |                               | CITY-ST-ZIP                        |   |                              | 1            |
| STREET ADDRESS CITY-ST-ZIP  TITLE ST MOHNKE, DANIEL R 100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  MOHNKE, DANIEL R 100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  Delete TITLE D MINARICK, JOHN F 100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  TITLE D MINARICK, JOHN F 100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  TITLE D MAME STREET ADDRESS CITY-ST-ZIP  TITLE D D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D TITLE D TITLE D THOMPSON, CHARLES  THOMPSON, CHARLES   |                                | 1   | ☐ Delete                      | TITLE                              | VI- L.  | ☐ Change ☐ Addi              | ition        |
| CITY-ST-ZIP  STRINGHILL TN 37174  CITY-ST-ZIP  TITLE  ST  MOHNKE, DANIEL R  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  D  MINARICK, JOHN F  100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  TITLE  D  MINARICK, JOHN F  100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  TITLE  D  MINARICK, JOHN F  100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  TITLE  D  FARMER, WILLIAM A  100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  TITLE  D  FARMER, WILLIAM A  100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  TITLE  D  THOMPSON, CHARLES  |                                |   |                               |                                    |   |                              |              |
| TITLE ST Delete TITLE NAME NAME NOHNKE, DANIEL R NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME TARMER, WILLIAM A TOO SATURN PKWY STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME THOMPSON, CHARLES TITLE D Delete TITLE NAME THOMPSON, CHARLES   | CITY-ST-ZIP                    |   |                               | ****                               |   |                              | -            |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE D MINARICK, JOHN F STREET ADDRESS CITY-ST-ZIP TITLE D D Delete TITLE TITLE D Delete TITLE NAME THOMPSON, CHARLES D Delete TITLE D Delete Delete TITLE D Delete Delete TITLE D Delete Delete TITLE D Delete Delete TITLE D Delete D   | TITLE                          |   | Delete                        | TITLE                              |   | ☐ Change ☐ Addi              | ition        |
| CITY-ST-ZIP  SPRING HILL TN  CITY-ST-ZIP  TITLE  D  MINARICK, JOHN F  100 SATURN PKWY STREET ADDRESS CITY-ST-ZIP  TITLE  D  Change Addition  NAME  THOMPSON, CHARLES   | NAME                           | MOHNKE, DANIEL R                          | بالمنيات والمستوان والمعا     | - NAME                             | الرازيين البيرسي مداردا الاستنساد الراوميجية          |                              |              |
| TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME THOMPSON, CHARLES  TITLE D Change Addition NAME THOMPSON, CHARLES   |                                |   |                               |                                    |   |                              |              |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO SATURN PKWY SPRING HILL TN  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THOMPSON, CHARLES  NAME THOMPSON, CHARLES  NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM   |                                |   | T Poleto                      |                                    |   | Change Daddi                 | ition        |
| STREET ADDRESS CITY-ST-ZIP SPRING HILL TN STREET ADDRESS CITY-ST-ZIP  TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP  NAME FARMER, WILLIAM A STREET ADDRESS CITY-ST-ZIP  TITLE D Change Addition NAME  | NAME                           | l <del>=</del>                            | □ Delete                      |                                    |   | Change Adul                  | люн          |
| TITLE D Change Addition NAME FARMER, WILLIAM A NAME STREET ADDRESS CITY-ST-ZIP TITLE D D Delete TITLE NAME THOMPSON, CHARLES  THOMPSON, CHARLES  THE NAME  THOMPSON, CHARLES  TITLE NAME   | STREET ADDRESS                 |   |                               |                                    |   |                              | l            |
| NAME FARMER, WILLIAM A NAME STREET ADDRESS CITY-ST-ZIP SPRING HILL TN STITLE D Delete TITLE NAME THOMPSON, CHARLES NAME  |                                |   |                               | CITY-ST-ZIP                        |   |                              |              |
| STREET ADDRESS CITY-ST-ZIP SPRING HILL TN STREET ADDRESS CITY-ST-ZIP  TITLE D Delete TITLE THOMPSON, CHARLES NAME  | TITLE<br>NAME                  |   | ☐ Delete                      |                                    |   | ☐ Change ☐ Addit             | ition        |
| CITY-ST-ZIP SPRING HILL TN CITY-ST-ZIP  TITLE D Change Addition NAME THOMPSON, CHARLES NAME  | STREET ADDRESS                 |   |                               |                                    |   |                              |              |
| NAME THOMPSON, CHARLES NAME  | CITY-ST-ZIP                    |   |                               |                                    |   |                              |              |
|  | TITLE                          |   | ☐ Delete                      | TITLE                              |   | Change Addi                  | ition        |
| STREET ADDRESS   3320 BURNING BUSH   STREET ADDRESS  | NAME<br>STREET ADDRESS         | THOMPSON, CHARLES<br>  3320 BURNING BUSH  |                               |                                    |   |                              |              |

12. 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 trueland 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:

TOWNSHIP BLOOMFIELD MI 00000

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03

Daytime Phone #

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