

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90177 019 ***150.00

DOCUMENT # F98000005511

1. Entity Name
LAKE COUNTY AUTOMOTIVE, INC.

Principal Place of Business

**1043 HIGHWAY 50
 CLERMONT FL 34711**

Mailing Address

**1043 HIGHWAY 50
 CLERMONT FL 34711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3528381

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

**GRIFFIN, FRANK
 1043 HIGHWAY 50
 CLERMONT FL 34711**

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, 2002 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 **PD** ☐ Delete
 NAME **GRIFFIN, FRANK**
 STREET ADDRESS **33359 OHIO AVENUE**
 CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE **VD** ☒ Delete
 NAME **BARBEE, MIKE**
 STREET ADDRESS **5420 PEACHTREE INDUSTRIAL BLVD.**
 CITY-ST-ZIP **NORCROSS GA 30071**

TITLE **VD** ☒ Delete
 NAME **SUSOR, ROBERT J**
 STREET ADDRESS **2999 CIRCLE 75 PARKWAY**
 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **SD** ☒ Delete
 NAME **BAKER, BRET**
 STREET ADDRESS **11718 NORTH FLORIDA AVENUE**
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE **TD** ☐ Delete
 NAME **GRIFFIN, ODELL**
 STREET ADDRESS **33359 OHIO AVENUE**
 CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE **AS** ☒ Delete
 NAME **SMITH, SCOTT**
 STREET ADDRESS **2999 CIRCLE 75 PARKWAY**
 CITY-ST-ZIP **ATLANTA GA 30339**

VD ☒ Change ☒ Addition
Tom Hancock.
30339
6999 Circle 75 Plwy Atlanta GA.

AS ☐ Change ☒ Addition
SCOTT DAVIS
11718 N Fla Ave
Tampa FL 33612

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 information empowered.

SIGNATURE:

[Signature] 4/29/02 352 3942125
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)