

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90297 027 ***150.00

DOCUMENT # F99000000976

1. Entity Name

DAYTONA BEACH LINCOLN MERCURY, INC.



Principal Place of Business

**966 INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114**

Mailing Address

**966 INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3557292

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MATTHEWS, IRVING J**
STREET ADDRESS **966 INTERNATIONAL SPEEDWAY BLVD**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **MCBRIDE, EDNA**
STREET ADDRESS **1455 LINCOLN PARKWAY**
CITY-ST-ZIP **ATLANTA, GA 30346**

TITLE **VD** ☐ Delete
NAME **KILBRIDE, B L**
STREET ADDRESS **MAIL DROP 1SW-C, 16800 EXECUTIVE PLAZA DR**
CITY-ST-ZIP **DEARBORN MI**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ASD** ☐ Delete
NAME **CREAMEAN, W W**
STREET ADDRESS **MAIL DROP 1SW-C, 16800 EXECUTIVE PLAZA DR**
CITY-ST-ZIP **DEARBORN MI**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ST** ☐ Delete
NAME **MATTHEWS, DARLENE**
STREET ADDRESS **966 INTERNATIONAL SPEEDWAY BLVD**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete
NAME **DORSEY, TOM**
STREET ADDRESS **1455 LINCOLN PARKWAY**
CITY-ST-ZIP **ATLANTA GA 30346**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

IRVING J. MATTHEWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03

Date

386 255-6412

Daytime Phone #

CR2E034 (10/02)