2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G25361						FILED Apr 12, 2001 8:00 am Secretary of State													
1. Entity Name GARY FRONRATH JEEP-EAGLE, INC.					Secretary of State 04-12-2001 90186 009 ***150.00														
Principal Place of Business 4901 N FEDERAL HWY SUITE 350 FORT LAUDERDALE FL 33308 US 2. Principal Place of Business 5353 NO FEDERAL HWY Suite, Apt. #, etc. STE 204 City & State FORT LAUDERDALE FL		Mailing Address 4901 N FEDERAL HWY SUITE 350 FORT LAUDERDALE FL 33308 US 3. Mailing Address 5353 NO FEDERAL HWY Suite, Apt. #, etc. STE 204 City & State FORT LAUDERDAEE, FL			DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2254219 Applied For Not Applicable														
										Zip 33308	Country US	Zip 33308	Country US			of Status Desire		\$8.75 A	dditional
										DÛBER	6. Name and Address of Current R	egistered Agent	Name~		Name and	Address of Ne	w Registere	d Agent	
DORER, ERIC J 30 NE 3RD ST FORT LAUDERDALE FL 33301			Street A	Street Address (P.O.		.O. Box Number is Not Acceptable)													
			City				F		de										
8. The above na	amed entity submits this statement for t	he purpose of changing its	registered office o	or registered a	agent, or bot	n, in the State o	Florida.												
	nature, typed or printed name of registered agent and	I title if applicable. (NOTE	Registered Agent signa	ture required when	reinstating)		DAT												
	tion is eligible to satisfy its Intangible juirement and elects to do so. on back)	FILE NOW! After MAY 1, 200 Make Check Payab		550.00		ction Campaign st Fund Contribu			00 May Be ed to Fees										
NAME F STREET ADDRESS 7	OFFICERS AND DI P RONRATH, GARY R 90 T.N. FEDERAL HWY #350 T LAUDERDALE, FL 00000 33308	Delete	12. TITLE NAME STREET ADORESS CITY - ST - ZIP	5353	-	ederal		Suite	Addition										
TITLE S NAME V STREET ADDRESS 4		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	53.0				Change	Addition										
TITLE	، ہے، پر حالا الیہوں ا ^{را} نے دی ہے اور ال ا ال		TITLE NAME STREET ADDRESS CITY-ST-ZIP				. =	Change	_ 🗌 Addition										
ITLE IAME STREET ADDRESS SITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition										
ITLE IAME ITREET ADDRESS ITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition										
ITLE AME TREET ADDRESS ITY-ST-ZIP	Δ	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition										
 I hereby cert indicated on of the corpor opposition 	ify that the information supplied with the this report or supplier fental report is tr ation or the receiver or truster empow on an attachment with an other s, wit	is filing does not qualify for ue and accurate and that m ered to execute this report a h all other like empowered.	the exemption sta y signature shall h is required by Cha	ted in Section have the same apter 607, Flo	1 19.07(3)(i) e legal effect rida Statutes	, Florida Statute as if made und ; and that my na	es. I further o er oath; that ame appear	ertify that the I arn an office s in Block 11 c	information r or director or Block 12 if										
changed, or																			