


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90095 017 ***150.00

11008784

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT #		G96661			
1. Entity Name HUNTS USED CARS, INC.					
Principal Place of Business 3918 MOORES STATION RD. SANFORD FL 32771 US			Mailing Address 3918 MOORES STATION RD. SANFORD FL 32771 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country			
6. Name and Address of Current Registered Agent					
HUNT, ALAN 3918 MOORES STATION RD. SANFORD FL 32771					Name
					Street Address ()
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
FILE NOW!!! 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					
TITLE	PD				<input type="checkbox"/> Delete
NAME	HUNT, BEVERLY K				
STREET ADDRESS	150 MAYFAIR CT				
CITY - ST - ZIP	SANFORD FL 32771				
TITLE	V				<input type="checkbox"/> Delete
NAME	KENNETH, HUNT W				
STREET ADDRESS	921 POWHATEN DR.				
CITY - ST - ZIP	SANFORD FL 32772				
TITLE					<input type="checkbox"/> Delete
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					<input type="checkbox"/> Delete
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					<input type="checkbox"/> Delete
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					<input type="checkbox"/> Delete
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11.					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

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: Beverly K. Hunt 4/21/03 409322-6793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[illegible]

CR2E034 (10/02)