

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90001 003 \*\*\*150.00

007416 AV

**DOCUMENT # H33937**

1. Entity Name

**DELAND DODGE, INC.**

Principal Place of Business

**2322 SOUTH WOODLAND BOULEVARD  
P O BOX 1900  
DELAND FL 32721-1900  
US**

Mailing Address

**2322 SOUTH WOODLAND BOULEVARD  
P O BOX 1900  
DELAND FL 32721-1900  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2470492**

Applied For

Not Applicable

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

**GARBIG, TERRY A.  
2322 S WOODLAND BLVD  
DELAND FL 32720**

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **SULLIVAN, ART**  
CITY-ST-ZIP **246 MONTEREY RD  
PALM BCH FL 33480**

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

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **BOSTIC, WANDA**  
CITY-ST-ZIP **P.O. BOX 760  
FORT WHITE FL 32038**

TITLE ☒ Change ☐ Addition  
NAME **ST**  
STREET ADDRESS **Wanda Bostic**  
CITY-ST-ZIP **10609 SW 12 Terr  
Micanopy FL 32667**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **GARBIG, TERRY A**  
CITY-ST-ZIP **800 E HWY 318  
CITRA FL 32113**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SULLIVAN, BARBARA**  
CITY-ST-ZIP **2220 OSCEOLA WAY  
PALM BEACH FL**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SMITH, CHRIS**  
CITY-ST-ZIP **2025 SW 112 ST  
GAINESVILLE FL 32607**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 like empowered.

SIGNATURE:

*Wanda Bostic*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

Date

386-734-7800

Daytime Phone #

CR2E034 (9/01)