## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

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## **FILED** Mar 17, 2000 8:00 am Secretary of State **DOCUMENT # H92343** PHILLIPS BUICK-PONTIAC-GMC TRUCK, INC. 03-17-2000 90042 010 \*\*\*150.00 Principal Place of Business Mailing Address 33201 SO US HWY 27//441 33201 SO US HWY 27/441 800 HWY 27-441 800 HWY 27-441 FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1813149 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILLIPS, LARRY M. Street Address (P.O. Box Number is Not Acceptable) 3320 SO US HWY 27/441 FRUITLAND PARK FL 34731 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete ☐ Change Addition TITLE TITLE NAME PHILLIPS, LARRY M. NAME STREET ADDRESS STREET ADDRESS 3320 SO US HWY 27/441 CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cate this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this fling do indicated on this report or supplemental report is to ccurate and that changed, or on an attacho SIGNATURE:

OFFICER OR DIRECTOR

Daytime Phone #