

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91402 045 ***150.00

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DOCUMENT # H96754

1. Entity Name

FLORIDA CHRYSLER-PLYMOUTH, INC.



Principal Place of Business

541 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address

541 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

60040000



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

59-2676162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, JAMES R	
STREET ADDRESS	ONE HARMON PLAZA 9TH FLOOR	
CITY-ST-ZIP	SECAUCUS NJ 07096	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KURNICK, ROBERT H	
STREET ADDRESS	13400 OUTER DR. W.	
CITY-ST-ZIP	DETROIT MI 48239-4001	
TITLE	P	<input type="checkbox"/> Delete
NAME	GROSSO, GLENN	
STREET ADDRESS	551 SOUTH MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIDSON, JAMES R	
STREET ADDRESS	ONE HARMON PLAZA 9TH FLOOR	
CITY-ST-ZIP	SECAUCUS NJ 07096	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	KURNICK, ROBERT H	
STREET ADDRESS	13400 OUTER DR. W.	
CITY-ST-ZIP	DETROIT MI 48239-4001	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	DIFEO, SAM X JR.	
STREET ADDRESS	ONE HARMON PLAZA 9TH FLOOR	
CITY-ST-ZIP	SECAUCUS NJ 07096	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or without like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03 (10/02)