2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # H97278

1. Entity Name

ED TILLMAN AUTO SALES ON CASSAT, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90182 009 ***150.00

Principal Place of Business 3207 N. MAIN STREET JACKSONVILLE FL 32206		Mailing Address 3207 N. MAIN STREET JACKSONVILLE FL 3220	-			1841 BARIA BARIA BARIA F	1(5)(2 (1)(1 00 (
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		}	()		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		59-2745223	<u> </u>	Applied For Not Applicable	
Zip	Country	Zip	Country	5.	5. Certificate of Status Desired Fee Required			
	6. Name and Address of Curre	ent Registered Agent			. Name and Address of New Registe	red Agent		
TILLMAN, EDGAR W. 3207 NORTH MAIN STREET				Name Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32206				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 ag	gent and title if applicable. (NO	TE: Registered Ager	nt signature required when	n reinstating) DA	ATE		
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.		00 May Be d to Fees	
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tillman, Edgar W. 3207 N. Main Street - Jacksonville Fl 32206	☐ Delete	TITLE NAME STREET ADI CITY-ST-Z			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI			☐ Change	Addition	
TITLE _ NAME STREET ADDRESS CITY-ST-ZIP	27	⊕ Delete	NAME STREET ADO CITY-ST-Z	DRESS		. ¬. · □ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-ZI			☐ Change	Addition	
indicated of the cor	on this report or supplemental report	rt is true and accurate and that in npowered to execute this report	my signature s t as required b	shall have the same	n 119.07(3)(i), Florida Statutes. I further e legal effect as if made under oath; the orida Statutes; and that my name appea	at I am an officer	or director	