

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90044 024 ***150.00

DOCUMENT # J06080

1. Entity Name
ROBERTS OLDSMOBILE-ISUZU, INC.

Principal Place of Business

Mailing Address

605 WELLS RD.
 P.O. BOX 2049
 ORANGE PARK FL 32067-2049

605 WELLS RD.
 P.O. BOX 2049
 ORANGE PARK FL 32067-2049

DUU12341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2649815**

Applied For
 Not Applicable

Zip Country

Zip Country

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

ROBERTS, GERALD
3919 TIMUQUANA ROAD
JACKSONVILLE FL 32210

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|------|
| TITLE | NAME | TITLE | NAME |
| PD | ROBERTS, GERALD S. 3919 TIMUQUANAN ROAD JACKSONVILLE FL | | |
| SD | ROBERTS, GAIL W. 3919 TIMUQUANA ROAD JACKSONVILLE FL | | |
| VD | HARTZOG, DENNIS 3074 NAUTILUS RD MIDDLEBURG FL | | |
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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: *Dennis Hartzog* **DENNIS HARTZOG** /03/00/1 **904-264-6537**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR2001

CR2E034 (10/00)