## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# J06080

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FILED Jan 11, 2002 8:00 AM Secretary of State

Entity Name: ROBERTS OLDSMOBILE-ISUZU, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
05 WELLS .O. BOX 2 RANGE F		20672049			
urrent Mailing Address:			New Mailing Address:		
05 WELLS .O. BOX 2 RANGE F		20672049			
El Number:	59-2649815	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
ame and	Address of	Current Registered Agent	: Name and Address	of New Registered Agent:	
919 TIMU	OLIANA RO				
ne above	VILLE, FL 32		ne purpose of changing its register	ed office or registered agent, or both	
he above	vilLE, FL 32 named entity of Florida.		ne purpose of changing its register	ed office or registered agent, or both	
ne above the State	vilLE, FL 32 named entity of Florida.			ed office or registered agent, or both  Date	
ne above the State GNATUR iis corpora	named entity of Florida.  RE: Electro	y submits this statement for the submits this statement for the onic Signature of Registered to satisfy its Intangible Tax filing			
ne above the State IGNATUF nis corpora ection Can	named entity of Florida.  RE: Electro	y submits this statement for the only submits this statement for the only submits the only state of Registered to satisfy its Intangible Tax filinging Trust Fund Contribution ( ).	Agent requirement and elects to do so (X).		
ne above the State IGNATUF nis corpora ection Can	named entity of Florida.  RE: Electro tion is eligible npaign Financi 6 AND DIRE	y submits this statement for the conic Signature of Registered to satisfy its Intangible Tax filing Irust Fund Contribution ( ).  CTORS: ( ) Delete SENNIS, US RD	Agent requirement and elects to do so (X).	Date	
ne above the State IGNATUR nis corpora ection Can FFICERS tle: ame: ddress:	named entity of Florida.  RE: Electro tion is eligible paign Financi 6 AND DIRE  VD (HARTZOG, D 3074 NAUTIL MIDDLEBURG	y submits this statement for the conic Signature of Registered to satisfy its Intangible Tax filing ing Trust Fund Contribution ( ). CTORS:  ( ) Delete DENNIS, US RD G, FL ( ) Delete GAIL W., JANA ROAD	Agent requirement and elects to do so (X).  ADDITIONS/CHANC Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTO	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS HARTZOG	VP	01/11/2002
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