

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J83177**

1. Entity Name

JACKSONVILLE SATURN, INC.**FILED****May 22, 2000 8:00 am**
Secretary of State

05-22-2000 90036 028 ***150.00

Principal Place of Business

**SATURN OF THE AVENUES
10863 PHILLIPS HWY
JACKSONVILLE FL 32256
US**

Mailing Address

**SATURN OF THE AVENUES
10863 PHILLIPS HWY
JACKSONVILLE FL 32256-1552
US**

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

59-3027181

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	POUNDS, DAVID	10863 PHILLIPS HWY	JACKSONVILLE FL 32256	D	David T. Fischer	1810 Maplelawn Drive	Troy, MI 48064
V	GRIFFIN, STEVE	100 SATURN PKWY	SPRING HILL TN 37174	S/T	Timothy J. LeRoy	1810 Maplelawn Drive	Troy, MI 48064
V	CEANER, JAMES L	100 SATURN PKWY	SPRING HILL TN 37174				
ST	BROWN, HEATHER W	100 SATURN PKWY	SPRING HILL TN 37174				

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:**SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 (248) 816-6170

CR2E034 (9/99)