2000 UNIFORM BUSINESS REPORT (UBR)

04-03-2001 90097 005 ***900.00

FILED K53004
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 11 AM 9:34

04-03-01 90097 005 $900.00

REINSTATEMENT DO NOT WRITE IN THIS SPACE 00-01

DOCUMENT # K53004

1. Entity Name

SEMINOLE SUBARU, INC.

Principal Place of Business	Mailing Address
3122 WEST TENNESSEE STREET TALLAHASSEE FL 32304	3122 WEST TENNESSEE STREET TALLAHASSEE FL 32304-1002

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 59-2918039 ☐ 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
COURTIER, RAY 3122 WEST TENNESSEE STREET TALLAHASSEE FL 32304	Name ~~PITTMAN, LAURENCE JON~~ Terry Kelly Street Address (P.O. Box Number is Not Acceptable) ~~101 E College Ave~~ 11089 Crystal Lynn City ~~Tallahassee~~ Jacksonville FL Zip Code ~~32301~~ 32226

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 _____ 3-28-01
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	DP KELLY, RUSSELL 1083 CAMBRIA DRIVE EAST LANSING MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS KELLY, BEVERLY 1083 CAMBRIA DRIVE EAST LANSING MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV COURTIER, RAY 3122 WEST TENNESSEE ST. TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Kelly, Terry W. 11089 Crystal Lynn Ct. Jacksonville, FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 REQUIRED 3-28-01 850 526-6166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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