## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K81067** 1. Entity Name SHERWOOD AUTOMOTIVE, INC.

Country

Name

City

Mailing Address

3. Mailing Address

City & State

Zip

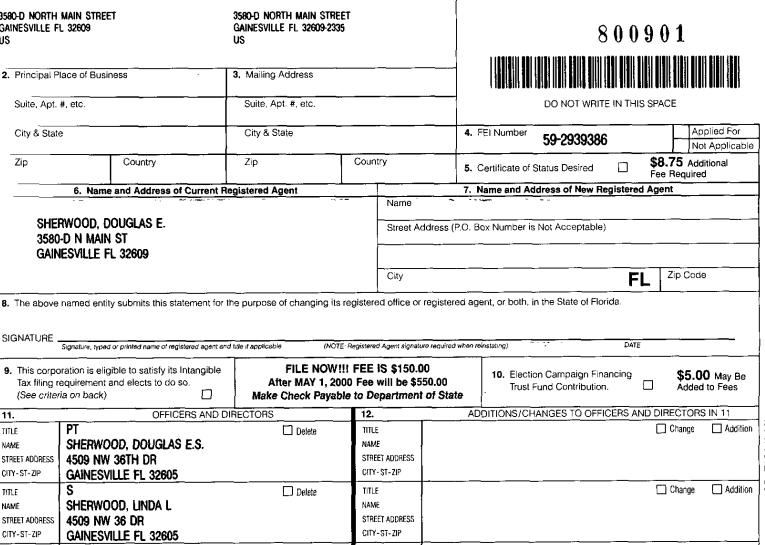
Suite, Apt. #, etc.

3580-D NORTH MAIN STREET

GAINESVILLE FL 32609-2335

Jan 18, 2000 8:00 am Secretary of State

01-18-2000 90113 050 \*\*\*150.00



Delete TITI F TITLE NAME SHERWOOD, DOUGLAS E.S. NAME STREET ADDRESS STREET ADDRESS 4509 NW 36TH DR **GAINESVILLE FL 32605** CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE SHERWOOD, LINDA L NAME NAME 4509 NW 36 DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **GAINESVILLE FL 32605** Change ☐ Addition ☐ Delete TITLE TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12.

13. I hereby certify that the information supplied with this filling 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 supplied enter 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 of 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 stee empowered to execute address with all other li of the corporation or the reco changed, or on an attac

SIGNATURE:

Principal Place of Business

3580-D NORTH MAIN STREET GAINESVILLE FL 32609

2. Principal Place of Business

Country

SHERWOOD, DOUGLAS E.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

3580-D N MAIN ST GAINESVILLE FL 32609

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF