

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90309 017 ***150.00

DOCUMENT # K87235

1. Entity Name
DELAND JEEP, INC.



Principal Place of Business
**2310 SO WOODLAND BLVD
DELAND, FL 32720 US**

Mailing Address
**PO BOX 1900
DELAND, FL 32721-1900 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

59-2951108

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

**GARBIG TERRY A
2322 S WOODLAND BLVD
DELAND, FL 32720**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW WITH FEES IS \$600.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SULLIVAN, ART**
STREET ADDRESS **245 MONTEREY RD**
CITY-ST-ZIP **PALM BCH, FL 33480**

TITLE **ST** ☐ Delete
NAME **BOSTIC, WANDA**
STREET ADDRESS **10609 SW 12 TERRACE**
CITY-ST-ZIP **MICANOPY, FL 32667**

TITLE **D** ☐ Delete
NAME **GARBIG, TERRY A**
STREET ADDRESS **800 E HWY 318**
CITY-ST-ZIP **CITRA, FL 32113**

TITLE **D** ☐ Delete
NAME **SULLIVAN, BARBARA**
STREET ADDRESS **220 OSCEOLA WAY**
CITY-ST-ZIP **PALM BEACH, FL**

TITLE **D** ☐ Delete
NAME **SMITH, CHRIS**
STREET ADDRESS **2026 SW 112 STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

3/26/03 386-734-7800
Date Daytime Phone #

CR2E034 (10/02)