

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90168 049 \*\*\*150.00

**DOCUMENT #** K91720  
**1. Entity Name**  
 TOMMY THOMAS CHEVROLET-CADILLAC, INC.

**Principal Place of Business**      **Mailing Address**  
 5345 BROWN ST.                      5345 BROWN ST  
 GRACEVILLE, FL 32440          GRACEVILLE, FL 32440  
 US    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**  
 59-2963517  
 Applied For:  Not Applicable:   
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 CRAMER, WILLIAM C.  
 5345 BROWN ST.  
 GRACEVILLE, FL 32440

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_ (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**

TITLE	P	<input type="checkbox"/> Delete
NAME	CRAMER, WILLIAM C., JR.	
STREET ADDRESS	2251 W. 23RD ST	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRAMER, WILLIAM C., JR.	
STREET ADDRESS	2251 W. 23RD STREET	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRAMER, CAROLYN	
STREET ADDRESS	2251 W. 23RD STREET	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:**  **William C. Cramer, Jr.**      **4/5/00**      **(850) 747-7621**  
SIGNATURE AND EITHER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)