

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001708

1. Entity Name

OKLAHOMA CITY, NISSAN, LLC

Principal Place of Business

15436 N. FLORIDA AVE., SUITE 103
TAMPA FL 33613

Mailing Address

15436 N. FLORIDA AVE., SUITE 103
TAMPA FL 33613

2. Principal Place of Business

16007 N. FLORIDA AVE.

Suite, Apt. #, etc.

3. Mailing Address

16007 N. FLORIDA AVE.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33549

Country

USA

Zip

33549

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL AND
ATTN: ALAN HIGBEE
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
SCOTSON, RONALD B.
Street Address (P.O. Box Number is Not Acceptable)
16007 N. FLORIDA AVE.
City LUTZ FL Zip Code 33549

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

Ronald B. Scotson

RONALD B. SCOTSON

SEPTEMBER 26, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

600004619266--6
-10/02/01--01002--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *F. L. Morsani*

REQUIRED

FRANK L. MORSANI

SEPTEMBER 26, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

0-912-062-67 Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 28 PM 4:01



DO NOT WRITE IN THIS SPACE

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