

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90356 044 ****50.00

DOCUMENT # L00000011834

1. Entity Name

JON HALL PONTIAC - GMC, L.L.C.

Principal Place of Business

**P.O. BOX 751
551 N. NOVA RD.
DAYTONA BEACH FL 32115**

Mailing Address

**P.O. BOX 751
551 N. NOVA RD.
DAYTONA BEACH FL 32115**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3680377**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SERBOUSEK, TED
551 N. NOVA RD.
DAYTONA BEACH FL 32115**

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	HALL, JON E	
STREET ADDRESS	551 N. NOVA RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RITCHEY, GLENN S	
STREET ADDRESS	551 N. NOVA RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SERBOUSEK, T.W.	
STREET ADDRESS	551 N. NOVA RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

10. ADDITIONS/CHANGES

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

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

11. 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 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 608, Florida Statutes.

SIGNATURE**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

1/15/02 386-258-3311

CR2E083 (9/01)