

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 90446 038 ****50.00

DOCUMENT # L02000014009

1. Entity Name

O'STEEN AUTOMOTIVE GROUP OF GEORGIA, LLC



Principal Place of Business

**2525 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207**

Mailing Address

**2525 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207**

44001557

2. Principal Place of Business

3314 CYPRESS MILL RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BRUNSWICK, GA

City & State

City & State

Zip

31520

Country

GLYNN

Zip

Country

6. Name and Address of Current Registered Agent

**MILAM & HOWARD, P.A.
50 NORTH LAURA STREET, SUITE 2900
JACKSONVILLE FL 32202**

4. FEI Number

32-0065230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. 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!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete
NAME **DAVID BROOKS**
STREET ADDRESS **2587 BAYOU RIDGE CT.**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **PRESIDENT** ☐ Delete
NAME **THOMAS O'STEEN**
STREET ADDRESS **4819 ORTEGA FOREST DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **V.P.** ☐ Delete
NAME **MARK O'STEEN**
STREET ADDRESS **4720 ORTEGA FOREST DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **SECRETARY** ☐ Delete
NAME **HAROLD O'STEEN JR.**
STREET ADDRESS **3320 RIVERSIDE AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

Date

Daytime Phone #

4/25/03

912-267-1888

CR2E083 (10/02)