

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L16987**

Entity Name
Metro Chrysler Plymouth Jeep, Inc.

Principal Place of Business
**4113 S. Orlando Drive
Sanford, Florida 32773**

Mailing Address
**4113 S. Orlando Dr.
Sanford, FL 32773**

Principal Place of Business
110 SE 6th Street

Suite, Apt. #, etc.
20th Floor

City & State
Fort Lauderdale, FL

Zip
33301

Country
USA

6. Name and Address of Current Registered Agent
**RentFroe, L. PAUL
4113 S. Orlando Dr.
Sanford, FL 32773**

7. Name and Address of New Registered Agent
**CT Corporation System
1200 S. Pine Island Road.
City: Plantation FL Zip Code 33324**

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, typed or printed name of registered agent and title if applicable.
Vicky Goldstein
SPECIAL ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

DATE
11-10-00

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
☐

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PT
RentFroe, Paul L.
4113 S. Hwy 17-92
Sanford, FL
☒ Delete

ST- ZIP

PT
RentFroe, L. Paul
4113 S. Hwy 17-92
Sanford, FL
☒ Delete

ST- ZIP

S
Baum, John V.P.A.
213 S. Swoope Ave
Maitland, FL
☒ Delete

ST- ZIP

NAME
Michael E. Maroone
110 SE 6th Street
Fort Lauderdale, FL 33301
☐ Change ☒ Addition

ST- ZIP

NAME
600003483636-5
-12/01/00-01084-016
*******61.25 *****61.25**
☐ Change ☐ Addition

ST- ZIP

FILED
Nov 14, 2000 8:00 A.
Secretary of State

AMENDED UBR

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TOTAL P.02