

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90132 003 \*\*\*150.00

**DOCUMENT # L38012**

1. Entity Name  
**CHARLOTTE COUNTY LINCOLN-MERCURY, INC.**



Principal Place of Business  
**2021 S TAMiami TRl  
PUNTA GORDA FL 33950**

Mailing Address  
**P O BOX 750820  
CAPE CORAL FL 33915  
US**



2. Principal Place of Business

3. Mailing Address  
**P.O. BOX 150820**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**CAPE CORAL, FL**

City & State

City & State

4. FEI Number  
**65-0167288**

Applied For  
Not Applicable

Zip Country

Zip Country  
**33915-0820 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WESTPHAL, STEVEN L  
2607 DEL PRADO BLVD  
CAPE CORAL FL 33904**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DVP**  
STREET ADDRESS **WESTPHAL, STEVEN L**  
CITY-ST-ZIP **2021 S TAMiami TRAIL 2607 Del Prado BL  
PUNTA GORDA FL 33950 CAPE CORAL, FL 33904**

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

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **FRONRATH, GARY**  
CITY-ST-ZIP **1300 N. FEDERAL HWY.  
FT. LAUDERDALE FL 33304**

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

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **WILLIAMS, BARBARA**  
CITY-ST-ZIP **1300 N. FEDERAL HWY.  
FT LAUDERDALE FL 33304**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 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 (239) 458-7469 Daytime Phone #

CR2E034 (10/02)