

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90290 021 ***150.00

DOCUMENT # L56471

1. Entity Name
ATLANTIC CHRYSLER-PLYMOUTH, INC.

Principal Place of Business

**2340 US 1 SOUTH
 ST. AUGUSTINE FL 32086
 US**

Mailing Address

**P.O. BOX 1659
 ST. AUGUSTINE FL 32085
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2998311**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWE, PHILIP W
 2330 U.S. 1 SOUTH
 ST. AUGUSTINE FL 32086**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PD**
 STREET ADDRESS **LOWE, PHILIP W.**
 CITY-ST-ZIP **212 RAIN TREE TRAIL**
ST. AUGUSTINE FL

☐ Delete

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **29 Collingwood Lane**
 CITY-ST-ZIP **Palm Coast, Florida 32137**

TITLE
 NAME **STD**
 STREET ADDRESS **LOWE, PATRICIA A**
 CITY-ST-ZIP **2967 S ATLANTIC AVE SUITE 1002**
DAYTONA BEACH FL 32118

☐ Delete

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **2967 S Atlantic Ave Ste 1006**
 CITY-ST-ZIP

TITLE
 NAME **DI**
 STREET ADDRESS **PEARSON, DONALD J**
 CITY-ST-ZIP **13 CLASSIC COURT**
PALM COAST FL 32037

☐ Delete

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

TITLE
 NAME **AS**
 STREET ADDRESS **BOWERS, JOAN F**
 CITY-ST-ZIP **7175 A1A SO B114**
ST AUGUSTINE FL 32086

☐ Delete

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **St Augustine, Florida**
 CITY-ST-ZIP **32080**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☒ Addition
 STREET ADDRESS **VP**
 CITY-ST-ZIP **Michael W Lowe**
880 Cherry Tree Rd
St Augustine, Florida 32086

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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

2-23-01

Date

904-797-4383

Daytime Phone #

CR2E034 (10/00)