

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90047 016 ***150.00

DOCUMENT # L63329

1. Entity Name

GOLDEN POINT AUTO SALES, INC.

Principal Place of Business

**2822 NE JACKSONVILLE RD
 #2
 OCALA FL 34479**

Mailing Address

~~3410 NE 70TH ST~~
OCALA FL 34479

2. Principal Place of Business

2822 NE Jacksonville Rd #2

3. Mailing Address

6695 NE 33rd Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34479

FL

34479

FL

6. Name and Address of Current Registered Agent

**WETHERINGTON, MARAGRET J.
 3410 NE 70TH ST.
 OCALA FL 32670**

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

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, 2002 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 **PD** ☒ Delete
 NAME **WETHERINGTON, MARGARET J.**
 STREET ADDRESS **3410 NE 70TH ST.**
 CITY-ST-ZIP **OCALA FL 34479**

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

TITLE **PD** ☐ Delete
 NAME **Wetherington Margaret J**
 STREET ADDRESS **6695 NE 33rd Ct**
 CITY-ST-ZIP **OCALA, FL 34479**

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

TITLE ☐ Delete
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 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: Margaret J. Wetherington
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-622-4667

UBR000000 AV

CR2E034 (9/01)