

2005 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90299 039 ***150.00

DOCUMENT # **L 68212**

1. Entity Name

AUTOBAHN MOTORS OF JACKSONVILLE INC

DO NOT WRITE IN THIS SPACE

50043305

2. Principal Place of Business

1834 S. ST. JOHNS BLUFF RD

Suite, Apt. #, etc.

3. Mailing Address

1834 S. ST. JOHNS BLUFF RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3001857

Applied For

Not Applicable

Zip

32246

Country

USA

Zip

32246

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GABRIEL LANKRY

Street Address (P.O. Box Number is Not Acceptable)

176 N. ROSCOE BLVD.

City

PONTE VEDRA BEACH

FL

Zip Code

32082

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P. D.
GABRIEL LANKRY
176 N. ROSCOE BLVD
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **GABRIEL LANKRY**

**4-21-08 (904)
645-5990**