

2001 UNIFORM BUSINESS REPORT (UBR)

001216 AF

DOCUMENT # L98000001400

1. Entity Name
PHIL SMITH AUTO GROUP L.C.

FILED

01 APR 11 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3801 WEST SUNRISE BLVD.
FT. LAUDERDALE FL 33311

Mailing Address
3801 WEST SUNRISE BLVD.
FT. LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0855954

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHRIES, J. GREGORY ESQ.
20 NORTH ORANGE AVE., SUITE 1000
ORLANDO FL 32801-4626

Name
J. Gregory Humphries
Street Address (P.O. Box Number is Not Acceptable)
Shutts & Bowen LLP
300 S. Orange Avenue, Suite 1000
City Orlando FL Zip Code 32801-4956

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 *J. Gregory Humphries*
Signature, typed or printed name of registered agent and title if applicable.

J. Gregory Humphries
(NOTE: Registered Agent signature required when reinstating)

4/10/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004034834--0
-04/20/01--01038--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME SMITH, PHILIP P
STREET ADDRESS 3801 WEST SUNRISE BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE MGRM/P/S/CEO ☐ Change ☒ Addition
NAME Philip P. Smith
STREET ADDRESS 3801 W. Sunrise Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE MGRM ☒ Delete
NAME DAYHOFF, MICHAEL R
STREET ADDRESS 3801 WEST SUNRISE BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE MGRM/VP/AS/T ☐ Change ☒ Addition
NAME Michael R. Dayhoff
STREET ADDRESS 3801 W. Sunrise Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael R. Dayhoff* Michael R. Dayhoff 4/10/01 (954) 583-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)