

16/14

FILED
Jul 02, 2001 8:00 am
Secretary of State

06-14-2001 90014 048 ***150.00

07-02-2001 90002 037 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

M14570

FLAGLER CHRYSLER-PLYMOUTH DODGE INC

Principal Place of Business

Mailing Address

PO BOX 352048

PO BOX 352048

PALM COAST FL 32135

PALM COAST FL 32135

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

59-2527812

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

CHIUMENTO, MICHAEL D ESQ

4 OLD KINGS ROAD

326 MOODY BLVD, BOX 99

PALM COAST FL 32037

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
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
MILLER, GARY
2120 S SHORE DR
ERIE PA 16505

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SECRETARY
MILLER, GARY
2120 S SHORE DR
ERIE PA 16505

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TREASURER
MILLER, GARY
2120 S SHORE DRIVE
ERIE PA 16505

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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 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

Date

Daytime Phone #

3-601 814-868-3635

CR2E034 (1/7/00)