

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91517 048 \*\*\*150.00

**DOCUMENT #** M14570

**1. Entity Name**

Flagler Chrysler Dodge Jeep, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

P. O. Box 352048

Suite, Apt. #, etc.

**3. Mailing Address**

P. O. Box 352048

Suite, Apt. #, etc.

**City & State**

Palm Coast, FL

**City & State**

Palm Coast, FL

**4. FEI Number**

59-25278122

**Applied For**

Not Applicable

**Zip**

32135

**Country**

USA

**Zip**

32135

**Country**

USA

**5. Certificate of Status Desired**

☐

**\$8.75 Additional**

**Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

Michael D. Chiumento, Esq.

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

~~4 Old Kings Road N~~

326 Moody Blvd, Box 99

**City**

Palm Coast

**FL**

**Zip Code**

32037

**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** President  
**NAME** Gary Miller  
**STREET ADDRESS** 2120 S. Shore Drive  
**CITY-ST-ZIP** Erie, PA 16505

**TITLE** Secretary  
**NAME** Gary Miller  
**STREET ADDRESS** 2120 S. Shore Drive  
**CITY-ST-ZIP** Erie, PA 16505

**TITLE** Treasurer  
**NAME** Gary Miller  
**STREET ADDRESS** 2120 S. Shore Drive  
**CITY-ST-ZIP** Erie, PA 16505

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IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

CR2E034B (12/01)