

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000925

1. Entity Name
COGGIN-STARLING PONTIAC-GMC-BUICK, L.L.C.

Principal Place of Business
4306 PABLO OAKS COURT
JACKSONVILLE FL 32224
US

Mailing Address
4306 PABLO OAKS COURT
JACKSONVILLE FL 32224
US

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 59-3580825

Applied For
Not Applicable

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

TOMM, CHARLIE (C.B.)
4306 PABLO OAKS COURT
JACKSONVILLE FL 32224

Name
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City Plantation FL Zip Code 33324

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 *Mary Alice Rogers*
Signature typed or printed name of registered agent and title if applicable.

MARY ALICE ROGERS
Assistant Vice President

2/1/01
DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS TOMM, CHARLIE (C.B.)
CITY-ST-ZIP 4306 PABLO OAKS COURT
JACKSONVILLE FL 32224 ☐ Delete

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

TITLE NAME MGR
STREET ADDRESS MARLETTE, LINDA L
CITY-ST-ZIP 4306 PABLO OAKS COURT
JACKSONVILLE FL 32224 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003742518--0
CITY-ST-ZIP -02/20/01--01028--018
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
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: *Linda L Marlette*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/2/01 904-992-4110
Date Daytime Phone #

FILED

01 FEB 14 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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