2000 UNIFORM BUSINESS REPORT (UBR)

SIMMATU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # N98000000938 1. Entity Name SOUTHEAST DODGE TRUCK DEALERS ADVERTISING ASSOCI 03-20-2000 90060 042 ****61.25 Mailing Address Principal Place of Business BEHAR, REID, GREEN & MELTON, CPA 4175 CHRYSLER DRIVE 4 BRADLEY PARK COURT SUITE #120 MEMPHIS TN 38118-7018 UUUUTTUU **COLUMBUS GA 31904-3638** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 58-2372634 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HUDOCK, LESLIE WAGER 601 BAYSHORE BLVD. SUITE 700 City Zip Code FL TAMPA FL 33606 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS! 11. ☐ Delete TITI F ☐ Change **★** Addition TITLE D Ross, JR., Tom P.O. Box 684 NAME COUGHLIN, MICHAEL NAME STREET ADDRESS STREET ADDRESS CHRYSLER CORP. 1000 CHRYSLER DRIVE CITY-ST-ZIP senatobia, ms 38668 CITY-ST-ZIP <u>auburn Hills Mi 48326</u> **Addition** ☐ Change TITLE ☐ Delete TITLE Ralph Sellers NAME NAME FALKE, JOHN 6. BOX 1208 STREET ADDRESS STREET ADDRESS CHRYSLER CORP. 4175 CHRYSLER DRIVE CITY-ST-7IP CITY-ST-ZIP Gonzales, LA 70737 MEMPHIS TN 38181 ☐ Change Addition Addition ☐ Delete TITLE whitehead, Tim NAME NAME PEART, DAVID 123 Plaza Road STREET ADDRES CHRYSLER CORP. 128 NORTHPARK BLVD. STREET ADDRESS CITY-ST-ZIP <u>Enterprise</u>, of 36330 CITY-ST-ZIP COVINGTON LA 70433 ☐ Change Addition TITLE ☐ Delete TITLE wilson, Doug 2131 Hwy 80 West NAME NAME HELMS, STEVE STREET ADDRESS STREET ADDRESS 694 EAST CHURCH STREET Jackson, m5 39204 CITY-ST-ZIP CITY-ST-ZIP Lexington TN 38351 ■ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME MATHEWS, GARY STREET ADDRESS STREET ADDRESS 1100 NEW ASHLAND CITY ROAD CITY-ST-ZIP CITY-ST-ZIP **CLARKSVILLE TN 38351** ☐ Change ☐ Addition ☐ Delete TIT! F TITLE D NAME NAME MARTINDILL, BUTCH STREET ADDRESS STREET ADDRESS 5809 S. UNIVERSITY CITY-ST-ZIP CITY-ST-ZIP LITTLE ROCK AR R2219-8904 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #