

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008076

1. Entity Name

TURNKEY AUTO WHOLESALERS, INC.

Principal Place of Business

11950 67TH WAY N  
LARGO FL 33773

Mailing Address

11950 67TH WAY N  
LARGO FL 33773

2. Principal Place of Business

6709 114TH AVENUE

Suite, Apt. #, etc.

SUITE #2

City & State

LARGO FL.

Zip 33773

Country PINELLAS

3. Mailing Address

6709 114TH AVE N.

Suite, Apt. #, etc.

SUITE #2

City & State

LARGO

Zip 33773

Country

PINELLAS

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90023 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3619878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGOVERN, GERALD T  
11950 67TH WAY N  
LARGO FL 33773

7. Name and Address of New Registered Agent

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

Gerald T. McGoVERN President

1-7-02

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, 2002 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

TITLE PD  
NAME MCGOVERN, GERALD T  
STREET ADDRESS 11395-B 66TH STREET N.  
CITY-ST-ZIP LARGO FL 33773 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 6709 114TH AVENUE UNIT #2  
CITY-ST-ZIP LARGO FL 33773 ☒ Change ☐ Addition

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

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

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

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

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

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:

Gerald T. McGoVERN President

Date

1-7-02

Daytime Phone #

727455-6788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)