

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90250 048 ***150.00

DOCUMENT # P00000008076

1. Entity Name
TURNKEY AUTO WHOLESALERS, INC.



Principal Place of Business
6709 114TH AVE N.
SUITE 2
LARGO FL 33773

Mailing Address
6709 114TH AVE N.
SUITE 2
LARGO FL 33773

2. Principal Place of Business

10572 SEMINOLE BLVD

3. Mailing Address

9790 66TH ST N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOT # 67

City & State

LARGO FL.

City & State

PINELLAS PARK

Zip

33778

Country

U.S.A.

Zip

33782

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

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 MCGOVERN GERALD T.
Street Address (P.O. Box Number is Not Acceptable)
10572 SEMINOLE BLVD
City LARGO FL Zip Code 33778

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gerald T. McGovern
Signature, typed or printed name of registered agent and title if applicable.

GERALD T. MCGOVERN

01-13-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGOVERN, GERALD T 6709 114TH AVE UNIT 2 LARGO FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGOVERN GERALD T. 10572 SEMINOLE BLVD. LARGO FL 33778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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.

SIGNATURE: Gerald T. McGovern GERALD T. MCGOVERN 01-13-03 727-455-6788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)