

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90061 001 ***750.00

DOCUMENT # P00000008263

1. Entity Name
DOUBLE R AUTO SALES, INC.



Principal Place of Business
**120 N. LASALLE ST.
CHICAGO, IL 60602**

Mailing Address
**120 N. LASALLE ST.
CHICAGO, IL 60602**

66429692



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 3300

Suite, Apt. #, etc.

Suite 3300

07012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3620701

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COPHER, RONALD E	
STREET ADDRESS	861 SEDDON COVE WAY	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	AGNER, JAMES	
STREET ADDRESS	1811 NOVA DR./	
CITY-ST-ZIP	VALRICO, FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, ERVIN	
STREET ADDRESS	401 VALRICO-SEFFNER RD	
CITY-ST-ZIP	VALRICO, FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, JAMES	
STREET ADDRESS	1811 NOVA DR	
CITY-ST-ZIP	VALRICO, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAMRON, LEONARD A.	
STREET ADDRESS	4950 WEST HIGHWAY 486	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	V, T, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen	
STREET ADDRESS	TATOUL, STEVEN D.	
CITY-ST-ZIP	4950 WEST HIGHWAY 486	
	CRYSTAL RIVER, FL 34429	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLSTEN, JOSEPH M.	
STREET ADDRESS	120 N. LASALLE ST., SUITE 3300	
CITY-ST-ZIP	CHICAGO, IL 60602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPEARS, MARK T.	
STREET ADDRESS	120 N. LASALLE ST., SUITE 3300	
CITY-ST-ZIP	CHICAGO, IL 60602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Tatoul

7/6/04

Date

352-746-8531

Daytime Phone #

3011