

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0507743  
AV

DOCUMENT # **P00000009669**



1. Entity Name  
**MICHAEL COOLEY CHEVROLET, INC.**

05-01-2003 90156 001 \*\*\*150.00

Principal Place of Business  
**35399 HWY 27  
HAINES CITY FL 33844**

Mailing Address  
**35399 HWY 27  
HAINES CITY FL 33844**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3633251**

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

**CASEY, ALLAN L  
395 AVENUE C, NORTHWEST  
WINTER HAVEN FL 33883**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **P COOLEY, MICHAEL A**  
STREET ADDRESS **901 HWY 27 NORTH**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **V HARRISON, FREDERICK**  
STREET ADDRESS **734 HIGHLANDS PL BLVD**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE  Change  Addition  
NAME **Cooley, Shawn M**  
STREET ADDRESS **8 Andora Ct**  
CITY-ST-ZIP **Kissimmee FL 34758**

TITLE  Delete  
NAME **S STROUPE, NILA G**  
STREET ADDRESS **1604 ROBINSON DR**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: *Shawn M Cooley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/29/03**

Daytime Phone # **863-477-7505**

CR2E034 (10/02)