

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000018479**1. Entity Name
CONCORD MOTORS CO.

Principal Place of Business

3805 NORTH CR 417

LONGWOOD
32750

FL

Mailing Address

3805 NORTH CR 417

LONGWOOD
32750

FL

2. Principal Place of Business

3805 NORTH CR 427

3. Mailing Address

3805 NORTH CR 427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LONGWOOD

FL

City & State

LONGWOOD

FL

Zip
32750

Country

Zip
32750

Country

4. FEI Number

59-3627143

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUECORAL GABLES
33134

US

FL

7. Name and Address of New Registered Agent

Name

GUNN JAMES CVP

Street Address (P.O. Box Number is Not Acceptable)
3805 N. CR. 427City
LONGWOOD

FL

Zip Code
32750

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 **JAMES C GUNN**

03/21/2001

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	GUNN JAMES CSR	
STREET ADDRESS	3805 NORTH CR 417	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	GUNN JAMES C	
STREET ADDRESS	3805 NORTH CR 417	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNN JAMES CSR	
STREET ADDRESS	3805 NORTH CR 427	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNN JAMES C	
STREET ADDRESS	3805 NORTH CR 427	
CITY-ST-ZIP	LONGWOOD FL 32750	
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		
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		

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: **James C Gunn, Sr**

VP

03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

JOHN E WEBSTER / PSTD
3805 N. CR. 427

LONGWOOD, FL 32750