

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033381

1. Entity Name

EXECUTIVE AUTO BROKERS OF PONTE VEDRA, INC.



Principal Place of Business

125 DEER LAKE DRIVE  
PONTE VEDRA BEACH FL 32082-1295

Mailing Address

125 DEER LAKE DRIVE  
PONTE VEDRA BEACH FL 32082-1295

2. Principal Place of Business

1597 THE GREENSWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite 1

City & State

JACKSONVILLE, FL

City & State

Zip

Country

USA

4. FEI Number

593633132

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAND, MARIE T  
125 DEER LAKE DRIVE  
PONTE VEDRA BEACH FL 32082-1295

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

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: DIRECTOR  
NAME: MARIE T. BRAND  
STREET ADDRESS: 125 DEER LAKE DR  
CITY-ST-ZIP: PONTE VEDRA, FL 32082

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

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:

[Signature of Marie T. Brand]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

904-273-9400



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)