

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 03, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000056015**

1. Entity Name  
DEMPSEY AUTOMOTIVE, INC.

Principal Place of Business  
1364 MALABAR ROAD, S.E.  
PALM BAY FL 32907

Mailing Address  
1364 MALABAR ROAD, S.E.  
PALM BAY FL 32907

2. Principal Place of Business  
1366 MALABAR ROAD, S.E.

3. Mailing Address  
1366 MALABAR ROAD, S.E.

Suite, Apt. #, etc.  
#2

Suite, Apt. #, etc.  
#2

City & State  
PALM BAY FL

City & State  
PALM BAY FL

Zip Country  
32907 US

Zip Country  
32907 US

4. FEI Number  
**59-3661084**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

DEMPSEY JAMES G  
1379 MALABAR ROAD  
MALABAR FL 32907 US

## 7. Name and Address of New Registered Agent

Name  
DEMPSEY JAMES G  
Street Address (P.O. Box Number is Not Acceptable)  
1366 MALABAR ROAD, S.E.  
#2  
City  
PALM BAY FL Zip Code  
32907

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 G. DEMPSEY**

**09/03/2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	D DEMPSEY LESLIE S 719 BRICKELL STREET, SE PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMPSEY JAMES G 719 BRICKELL STREET, SE PALM BAY FL 32909	<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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 G. Dempsey**

D

09/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)