

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059330

1. Entity Name
SON RISE AUTOMOTIVE, INC.

Principal Place of Business
1800 N.W. 10TH ST.
OCALA FL 34475

Mailing Address
1800 N.W. 10TH ST.
OCALA FL 34475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MARION

USA

4. FEI Number

59-3650836

Applied For

Not Applicable

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

GIBBS, MATTHEW J
1800 N.W. 10TH ST.
OCALA FL 34475

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GIBBS, MATTHEW J
1800 N.W. 10TH ST.
OCALA FL 34475

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change

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: *Matthew J Gibbs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90001 036 ***150.00



DO NOT WRITE IN THIS SPACE

0127750 AI

CR2E034 (5/01)

Attachment
#P00000059330

979265

September 12, 2001

Son Rise Automotive, Inc.

To Whom It May Concern:

We are mailing the Uniform Business Report and our check for \$150. We have no record of receiving any previous notice. We are a newly incorporated business (a 'mom and pop') and moved our business location right around the time we incorporated. We also are unfamiliar with this report as it is all new to us. We respectfully request that the penalty be waived, as we had no prior notice and did not know of the requirement.

Thank you.

Matthew B. Gibbs

Matthew Gibbs