## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # P00000061468 Mar 29, 2001 8:00 am 1. Entity Name **Secretary of State** SOUTHERN AUTOMOTIVE, INC. 03-29-2001 90407 032 \*\*\*158.75 Principal Place of Business Mailing Address 1021 S. COMBEE ROAD 1021 S. COMBEE ROAD LAKELAND FL 33801 LAKELAND FL 33801 CIMPORAN 2. Principal Place of Business 3. Mailing Address 1021 S. Combee Combee /02T Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. swite #2 Suite # 3 City & State City & State Applied For -akeland Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 33801 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEFLEN, TIMAEUS C Street Address (P.O. Box Number is Not Acceptable) 1021 S. COMBÉÉ ROAD LAKELAND FL 33801 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITI F WEFLEN, Timacus C TITLE Delete 💢 WEFLEN, TIMAEUS C NAME 1021 S. combee Rd 1021 S. COMBEE ROAD STREET ADDRESS STREET ADDRESS Lakeland FL, 33801 CITY-ST-7IP LAKELAND FL 33801 CITY-ST-ZIP Fulton - WEFLEN Cheryl ☐ Addition Delete TITLE TITLE FULTON-WEFLEN, CHERYL L NAME NAME 1021 S. COMBEE ROAD STREET ADDRESS STREET ADDRESS Lakeland Fr 33801 CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP Delete Addition TITLE Fulton - we Fron Chery ! TITLE NAME NAME 10215. combee Rd STREET ADDRESS STREET ADDRESS Labeland FL 33801 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE Wethen Timaeus ( NAME NAMÉ 10215 Combel RJ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakeland ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Timaens C. Wylen 3-20-01 863-662

☐ Addition

☐ Change