2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000087673 **DOCUMENT#**

1. Entity Name

APOPKA AUTO MART, INC.



FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90452 004 ***150.00

				1. S.				
Principal Place of Business 2614 S. PENINSULA DRIVE DAYTONA BEACH FL 32118		Mailing Address PO BOX 291127 PORT ORANGE FL 32129-1127			1 (23 11 25) 22 111 26 111 26 111 26 111 26 111	11 88 111 88 181 (8812 / 881		1886 MIN 1881
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		,	4. FEI Number 59-3674651		-	plied For t Applicable
Zip Country		Zip Country		:	5. Certificate of Status Desired		5 Add	litional
	6. Name and Address of Current F	Registered Agent		7	7. Name and Address of New R	egistered Agent		
		Take a see	"Name	÷ .	लोड ६६ १७०० - स्वयं १०५०	7 m to 1 m	- · –	
HARBERT, RONALD A 225 E ROBINSON ST, STE 600			Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32801								
			City			FL Z	p Code	•
	named entity submits this statement for ions of registered agent.	the purpose of changing its regis	stered office or	registered	agent, or both, in the State of Flo	rida. I am familia	r with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Reg	istered Agent signatur	e required who	en reinstating)	DATE		
		, , , , , , , , , , , , , , , , , , , ,			1			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Fin Trust Fund Contribution	· -		May Be to Fees
10.	OFFICERS AND D	<u></u> _	11.			ICERS AND DIRE	CTORS	S IN 11
TITLE	D		TITLE		ADDITIONS/OFFARGES TO OFF			Addition
NAME	BLACK, GAYLON D		NAME					}
STREET ADDRESS	138 SPRINGS VALLEY LOOP		STREET ADDRESS				,	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP					
TITLE	P	☐ Delete	TITLE			⊡ ci	ange	☐ Addition
	BLACK, MICHAEL G.		NAME	IIU Var	ict Tree Circle			[
STREET ADDRESS CITY-ST-ZIP	841 WHITE IVEY COURT APOPKA FL 32712		STREET ADDRESS CITY-ST-ZIP	Altamo	icty Tree Circle Interprings FL 32714	۲		
TITLE	VP	☐ Delete	TITLE	٧P		⊋ ∕ci	ange	☐ Addition
	BLACK, VALERI J.		NAME		Dani Cula Disiva			1
STREET ADDRESS CITY-ST-ZIP	1000 WINDERLEY PLACE #137		STREET ADDRESS CITY-ST-ZIP	1614 3	Peninsula Prive na Beach FL 32118			
	MAITLAND FL 32751		VII 1 - 31 - 21F	NOTHON	16-1269Ch PL 36118	E.J 0.		D Addition
TITLE NAME			TITLE .	•			ange	☐ Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			c	nange	Addition
NAME			NAME			_	-	
STREET ADDRESS			STREET ADDRESS					j
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		50,0,0	TITLE			☐ C	ange	☐ Addition
NAME STREET ADDRESS	·		NAME CIRCLE ADDRESS					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

386 788 8798