

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90032 001 \*\*\*150.00

**DOCUMENT # P00000097490**

1. Entity Name  
**SCHOLS AUTOMOTIVE I, INC.**

Principal Place of Business

**537 E PARK AVE  
TALLAHASSEE FL 32301**

Mailing Address

**537 E PARK AVE  
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1046467**

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

7. Name and Address of New Registered Agent

**UNDERWOOD, ROBERT L  
537 E PARK AVE  
TALLAHASSEE FL 32301**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE<br>NAME  | PD<br>SCHOLS, MARK        | <input type="checkbox"/> Delete |
| STREET ADDRESS | 19333 COLLINS AVENUE #408 |                                 |
| CITY-ST-ZIP    | SUNNY ISLES FL 33160      |                                 |
| TITLE<br>NAME  |                           | <input type="checkbox"/> Delete |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE<br>NAME  |                           | <input type="checkbox"/> Delete |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE<br>NAME  |                           | <input type="checkbox"/> Delete |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE<br>NAME  |                           | <input type="checkbox"/> Delete |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE<br>NAME  |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 5742 SW 130 AVE          |  |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33330 |  |
| TITLE<br>NAME  |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE<br>NAME  |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE<br>NAME  |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

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 REQUIRED**

02-14-02 (305) 652-6580

Date

Daytime Phone #

CP2E034 (9/01)