

2001 UNIFORM BUSINESS REPORT (UBR)

4/23

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

04-23-2001 90112 045 ***150.00

DOCUMENT # P00000104217

1. Entity Name

MTG AUTOMOTIVE, INC.

Principal Place of Business

**324 W GORE ST
 ORLANDO FL 32806**

Mailing Address

**324 W GORE ST
 ORLANDO FL 32806**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3680661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SWANN & HADLEY, P.A.
 1031 W MORSE BLVD, STE 160
 WINTER PARK FL 32789-3750**

7. Name and Address of New Registered Agent

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, 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	D	<input type="checkbox"/> Delete
NAME	MEARS, PAUL S JR	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEARCY, ROBERT A	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARNS, CHARLES E JR	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEARS, JAMES L	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCOB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mears, Paul S. Jr.	
STREET ADDRESS	324 W. Gore Street	
CITY-ST-ZIP	Orlando FL	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Searcy, Robert A.	
STREET ADDRESS	324 W. Gore Street	
CITY-ST-ZIP	Orlando FL	
TITLE	CEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carns, Charles E. Jr.	
STREET ADDRESS	324 W. Gore Street	
CITY-ST-ZIP	Orlando FL	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mears, James L.	
STREET ADDRESS	324 W Gore Street	
CITY-ST-ZIP	Orlando, FL	
TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baker, Timothy L.	
STREET ADDRESS	324 W. Gore Street	
CITY-ST-ZIP	Orlando, FL	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mears, Paul S. III	
STREET ADDRESS	324 W. Gore Street	
CITY-ST-ZIP	Orlando FL	

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:

Timothy Baker

Timothy L. Baker

4/2/01

(407)422-4561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)