

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 07, 2001 8:00 am
Secretary of State

05-14-2001 90213 022 ***150.00

DOCUMENT # P00000116761 ✓

1. Entity Name

GRBA+ Northern Vehicle Finance, Inc

Principal Place of Business

Mailing Address

7258 ENCINA LANE
 BOCA RATON, FL 33433

STANNE

2. Principal Place of Business

7258 ENCINA LANE

3. Mailing Address

Suite, Apt. #, etc.

BOCA RATON

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1108842

Applied For

Not Applicable

Zip

FL

Country

33433

Zip

FL

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN H. WEBB
 7258 ENCINA LANE
 BOCA RATON, FL 33433

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN H. WEBB	
STREET ADDRESS	7258 ENCINA LANE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	SEC/TREASURER	<input type="checkbox"/> Delete
NAME	DON HANSE	
STREET ADDRESS	3000 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/01

Daytime Phone #

(541) 224-5403

CR2E034 (11/00)