

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90129 027 ***150.00

DOCUMENT # P01000071557

1. Entity Name
EAST MAHAN AUTOMOTIVE, INC.

Principal Place of Business
 11700 EAST MAHAN DR
 TALLAHASSEE FL 32308

Mailing Address
 11700 EAST MAHAN DR
 TALLAHASSEE FL 32308

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
59-3721948

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAYCAN, ROBERT
 11700 EAST MAHAN DR
 TALLAHASSEE FL 32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ROBERT MAYCAN President
2960 WEST WASHINGTON
MONTICELLO, FL 32344

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
PAUL SARY Vice President
Rt 4 Box 4069
MONTICELLO, FL 32344

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
FELICIA G. MAYCAN ☒ Change ☐ Addition
2960 WEST WASHINGTON
MONTICELLO, FL 32344 **VICE PRESIDENT**

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/02

Date Daytime Phone #

CR2E034 (4/02)

Attachment

973309

FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

C. Luther Pickels, C.P.A.

Certified Public Accountant
440 West Washington Street
P.O. Box 413
Monticello, Florida 32345
Telephone 850/997-1765
Fax 850/997-0205

975901

August 7, 2002

State of Florida
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: East Mahan Automotive, Inc
PO1000071557
2002 UBR

Dear Sir or Madam:

Enclosed please find the completed 2002 UBR for the above referenced corporation, and a check in the amount of \$150.00. He did not receive the original form sent out earlier this year, and we request that you allow him to pay the fee of \$150.00.

We thank you for your consideration of this request, and if you need anything further, please do not hesitate to contact us.

Yours truly,

C. Luther Pickels, CPA

C. Luther Pickels, CPA

Enclosures