

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90055 042 ***150.00

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1. Entity Name

BILL SEIDLE SUZUKI OF DAVIE, INC.



Principal Place of Business

**5355 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33328**

Mailing Address

**2900 NW 36 STREET
MIAMI, FL 33142**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1129389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~FALLON, KIERNAN P~~ **Michael A Seidle**
~~436 SW 8 STREET~~ **2900 NW 36th St.**
~~MIAMI, FL 33130~~ **Miami, FL 33142**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SEIDLE, WILLIAM D PRES.
STREET ADDRESS 2900 NW 36 STREET
CITY-ST-ZIP MIAMI, FL 33142

TITLE VP
NAME SEIDLE, MICHAEL A V.P.
STREET ADDRESS 2900 NW 36 STREET
CITY-ST-ZIP MIAMI, FL 33142

TITLE SECT
NAME SEIDLE, BETTY SECT.
STREET ADDRESS 2900 NW 36TH STREET
CITY-ST-ZIP MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael A Seidle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06

Date

305-637-8008

Daytime Phone #