## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000088269

Entity Name: KIRLAND MOTORS, INC.

Address:

City-St-Zip:

350 W. COPANS RD.

POMPANO BEACH, FL 33064

FILED Apr 28, 2003 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
350 WEST COPANS RD. POMPANO BEACH, FL 33064				400 WEST COPANS RD. POMPANO BEACH, FL 33064	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
350 WEST COPANS RD. POMPANO BEACH, FL 33064				400 WEST COPANS RD. POMPANO BEACH, FL 33064	
FEI Number	: 22-3833292	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SUITE 200	ILITARY TRAIL				
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Ag	ent	Date	
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( KIRKLAND, RO 350 W. COPAN	) Delete BERT A		()Change ()Addition	
Title: Name: Address: City-St-Zip:	KIRSCHNER, E	) Delete ESQ., MITCHELL B IRY TRAIL, STE. 200 FL 33431	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MONTEMERLO 350 W. COPAN		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( KIRLAND, ROV	) Delete VENA	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: FRANK S. MONTEMERLO CFOS 04/28/2003