

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 90706 025 \*\*\*150.00

000000 AT

**DOCUMENT # P01000116468**

1. Entity Name  
**WHOLESALE NATION AUTOMOTIVE INC**

Principal Place of Business  
**319 MIRACLE STRIP PARKWAY  
 NAVARRE FL 32566**

Mailing Address  
**6924 TURNBERRY CIRCLE  
 NAVARRE FL 32566**



2. Principal Place of Business  
**319 Miracle Strip Pkwy**

3. Mailing Address  
**6924 Turnberry Circle**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
**Ft. Walton Bch, FL**

City & State  
**Navarre FL**

Zip  
**32548**

Country  
**USA**

Zip  
**32566**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**30-0031340**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BANNER, MICHAEL  
 4244 W. TENNESSEE ST.  
 #185  
 TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent  
 Name **Wray, David**  
 Street Address (P.O. Box Number is Not Acceptable)  
**319 miracle strip Parkway**  
 City **Ft. Walton Bch** **FL** Zip Code **32548**

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 **4-30-02**  
 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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>PRP</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>President, Treasurer, Secretary</b> <b>David Wray</b> <b>6924 Turnberry Circle</b> <b>Navarre, FL 32566</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **4-30-02 850-243-9133**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)