

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90792 042 ***158.75

DOCUMENT # P02000032917

1. Entity Name
CITY AUTOMOTIVE, O.P., INC.



Principal Place of Business
**7505 BLANDING BLVD.
JACKSONVILLE FL 32244**

Mailing Address
**C/O CITY MITSUBISHI
10575 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0661772

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FOREHAND, WALTER E
125 S. GADSDEN ST., STE. 300
TALLAHASSEE FL 32301**

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

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DC Bresnan, William
STREET ADDRESS	One Manhattan Rd.
CITY-ST-ZIP	Purchase, NY, 10577
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP Galrani, John
STREET ADDRESS	10585 Atlantic Blvd.
CITY-ST-ZIP	Jacksonville, FL. 32225
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VT Migiano, Gregg
STREET ADDRESS	10585 Atlantic Blvd.
CITY-ST-ZIP	Jacksonville, FL. 32225
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S. Bresnan, Robert
STREET ADDRESS	One Manhattanville Rd.
CITY-ST-ZIP	Purchase, NY, 10577
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Gislason, Paul
STREET ADDRESS	1505 Squirrels Nest Rd.
CITY-ST-ZIP	Kasota, MN, 56050
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Merridith, Donald
STREET ADDRESS	40 Hunter Dr.
CITY-ST-ZIP	Mankato, MN, 56001

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregg Migiano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/03 904-645-0345

CR2E034 (10/02)

ATTACHMENT
PO 2000032917

CITY AUTOMOTIVE, O.P., INC.
dba CITY MITSUBISHI-ORANGE PARK
LIST OF OFFICERS & DIRECTORS

ADDITIONS TO SECTION 11 OF UNIFORM BUSINESS REPORT

Title:	D
Name:	Jeffrey S. DeMond
Street Address:	One Manhattanville Rd.
City, State & ZIP:	Purchase, NY 10577