

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90034 041 \*\*\*158.75

DOCUMENT # P02000036056

1. Entity Name

Northpoint Auto Sales, Inc



**DO NOT WRITE IN THIS SPACE**

94031760

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9169 S. Hwy 441

Suite, Apt. #, etc.

3. Mailing Address

9169 S. Hwy 441

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34480

Country

USA

Zip

34480

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Kirk L Bedenbaugh

Street Address (P.O. Box Number is Not Acceptable)

1831 NE 38th St

City

Ocala

FL

Zip Code

34479

**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.

Kirk L Bedenbaugh - V/S/T

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/2004

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

P  
Lonnre Spencer  
40222 Palm St  
Lady Lake, FL 32159

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V/S/T  
Kirk L Bedenbaugh  
1831 NE 38th St  
Ocala, FL 34479

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirk L Bedenbaugh

Date

2/10/2004

Daytime Phone #

(352)

347-5500

CR2E034B (12/02)