

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91520 035 ***158.75

DOCUMENT # P02000036056
1. Entity Name
Northpoint Auto Sales, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5314 SE Maricamp Rd
Suite, Apt. #, etc.

3. Mailing Address
5314 SE Maricamp Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ocala Florida

City & State
Ocala Florida

4. FEI Number 030426074
Applied For
Not Applicable

Zip 34481 Country Marion

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Kirk L Bedenbaugh

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

1831 NE 38th Street

City Ocala FL Zip Code 34479

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 Director & Chairman of the Board
NAME Kirk Bedenbaugh
STREET ADDRESS 1831 NE 38th Street
CITY-ST-ZIP Ocala, FL 34479

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME Lonnie Spencer
STREET ADDRESS 588 Fairways Lane apt E 104
CITY-ST-ZIP Ocala, FL 34472

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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: Kirk L Bedenbaugh 4/25/2003 361-3876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)