

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

01-13-2003 90131 010 ***150.00

DOCUMENT # P02000045474

1. Entity Name
DEWITT MOTORS, INC.



Principal Place of Business
**2820 BEE RIDGE RD
SARASOTA FL 34239**

Mailing Address
**2820 BEE RIDGE RD
SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

42-1533289

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEWITT, ROBERT
3348 S SECLUSION DR
SARASOTA FL 34239**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
	D	DEWITT, NAOMI	3348 S SECLUSION DR SARASOTA FL 34239	<input checked="" type="checkbox"/>
	D	DEWITT, ROBERT	3348 S SECLUSION DR SARASOTA FL 34239	<input type="checkbox"/>
	D	DEWITT, JOHN C	2541 LINWOOD DR SARASOTA FL 34242	<input type="checkbox"/>
	D	DEWITT, LARRY B	4334 PINE MEADOWS TERR SARASOTA FL 34233	<input type="checkbox"/>
	D	DEWITT, DANNY	2614 WELLS AVENUE SARASOTA FL 34232	<input type="checkbox"/>
				<input type="checkbox"/>

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	D, P			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D, S			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D, T			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D, VP			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03
Date

924-6469
Daytime Phone #

CR2034 (10/02)