

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90974 031 ***158.75

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DOCUMENT # P02000048428

1. Entity Name

CITY AUTOMOTIVE-AVENUES, INC.



Principal Place of Business

10575 ATLANTIC BLVD
JACKSONVILLE FL 32225

Mailing Address

10575 ATLANTIC BLVD
JACKSONVILLE FL 32225

2. Principal Place of Business

10857 Phillips Highway

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32256

Country

U.S.

Country

4. FEI Number

82-0589178

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

Date

904-645-0345

Daytime Phone #

CR2E034 (10/02)

Attachment
PO2000048428
80103220

CITY AUTOMOTIVE-AVENUES, INC.
dba CITY MITSUBISHI-THE AVENUES
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