

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086845

1. Entity Name  
BRANDON USED CAR AUTOMALL, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 MAY -7 PM 12:48

Principal Place of Business  
905 SHADES WATER WAY  
LUTZ FL 33549

Mailing Address  
905 SHADES WATER WAY  
LUTZ FL 33549

2. Principal Place of Business  
9545 North Florida Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
9545 North Florida Avenue  
Suite, Apt. #, etc.

City & State  
Tampa FL  
Zip  
33612  
Country  
USA

City & State  
Tampa, FL  
Zip  
33612  
Country  
USA

4. FEI Number ☒ Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HODGES, GEOFFREY T  
601 S HARBOUR ISLAND BLVD, STE 200  
TAMPA FL 33602

## 7. Name and Address of New Registered Agent

Name  
Geoffrey T. Hodges  
Street Address (P.O. Box Number is Not Acceptable)  
5487 Jet Port Industrial Blvd  
City  
Tampa FL Zip Code  
33634

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)

4/25/03  
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	D HODGES, GEOFFREY T ESQ 601 S HARBOUR ISLAND BLVD., STE 200 TAMPA FL 33602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Mary K. Haire 9545 N. Florida Avenue Tampa, FL 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T, D L. Fred Shrum 9545 North Florida Avenue Tampa, FL 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200020055752 05/29/03--01006--021 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. FRED SHRUM  
SECRETARY  
2/28/03 933-6571  
DATE DAYTIME PHONE #

CR2E034 (10/02)