

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90057 020 ***158.75

DOCUMENT # P02000113333

1. Entity Name
MUSIC CITY AUTO, INC.



Principal Place of Business
1250 GARDEN ST.
TITUSVILLE FL 32796

Mailing Address
1250 GARDEN ST.
TITUSVILLE FL 32796

2. Principal Place of Business
1250 GARDEN ST.

3. Mailing Address
1250 GARDEN ST.

Suite, Apt. #, etc.
TITUSVILLE, FL.
City & State

Suite, Apt. #, etc.
TITUSVILLE, FL.
City & State

☐ CHECK HERE IF MAKING CHANGES

Zip
32796
Country
USA

Zip
32796
Country
USA

4. FEI Number
82-0571533

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, FLOYD E
1250 GARDEN ST.
TITUSVILLE FL 32796

Name **FLOYD E. ROBINSON**
Street Address (P.O. Box Number is Not Acceptable) **3100 SAUNDERS PL.**
City **TITUSVILLE** **FL** **Zip Code** **32796**

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

1-02-03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **ROBINSON, FLOYD E**
STREET ADDRESS **3100 SAUNDERS PLACE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ **Delete**
NAME **ROBINSON, BARBARA J**
STREET ADDRESS **3100 SAUNDERS PLACE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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CITY-ST-ZIP

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 an other like empowered.

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

1-02-03 **321-204-4280**
Date **Daytime Phone #**

CR2E034 (10/02)