

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90728 004 ***150.00

DOCUMENT # P02000119109	
1. Entity Name BRETT O'DS USED CARS, INC.	

DO NOT WRITE IN THIS SPACE

90119694

2. Principal Place of Business 6762 North Palafox Street Suite, Apt. #, etc.	3. Mailing Address 6762 North Palafox Street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Pensacola, Florida 32503	City & State Pensacola Florida 32503	4. FEI Number 05-0537409	Applied For ☐ Not Applicable
Zip 32503	Country USA	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
Charles Brett O'Daniel
Street Address (P.O. Box Number is Not Acceptable)
6762 North Palafox Street

City
Pensacola **FL** **Zip Code**
32503

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 registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PID O'DANIEL, Charles Brett 6762 North Palafox Street Pensacola, Florida 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE

4-24-03
Date

476-4944
Daytime Phone #

CR2E034B (12/02)