

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90044 016 \*\*\*550.00

DOCUMENT # P02000119901

1. Entity Name  
MCCONNELL'S USED CARS INC.



Principal Place of Business  
4901 PATCH ROAD  
ORLANDO FL 32822

Mailing Address  
4901 PATCH ROAD  
ORLANDO FL 32822

55052487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0578290

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

7. Name and Address of New Registered Agent

MCCONNELL, DANIEL M  
4901 PATCH ROAD  
ORLANDO, FL FL 32822

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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: President/Treasurer  
NAME: DANIEL M. (DANNY) MCCONNELL  
STREET ADDRESS: 4901 PATCH ROAD  
CITY-ST-ZIP: ORLANDO, FL 32822

☐ Delete

TITLE: VICE PRESIDENT / SEC  
NAME: DANIEL M. MCCONNELL II  
STREET ADDRESS: 4901 PATCH RD  
CITY-ST-ZIP: ORLANDO, FL 32822

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
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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:

DANIEL M. MCCONNELL

7.03.03

407.277.7707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)