

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90175 042 ***158.75

DOCUMENT # P03809

1. Entity Name

ISLAND LINCOLN-MERCURY, INC.

Principal Place of Business

Mailing Address

**1850 E MERRITT ISL CSWY
MERRITT ISLAND FL 32952**

**509 EAST NASA BLVD.ARD
MELBOURNE FL 32901
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2490755

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARKEY & FOWLER, P.A.
410 W. MERRITT AVENUE
MERRITT ISLAND FL 32953**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARDOFF, R. B	NAME	
STREET ADDRESS	509 E NASA BLVD	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, MARIE E.	NAME	
STREET ADDRESS	1850 E MERRITT ISL CSWY	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARDOFF, MICHAEL G.	NAME	
STREET ADDRESS	1850 E MERRITT ISL CSWAY	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENEY, RENEE E	NAME	
STREET ADDRESS	1850 E. MERRITT ISLAND CSWY	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVARA, JOE	NAME	
STREET ADDRESS	509 EAST NASA BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

2nd Request

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like information.

SIGNATURE: *R.S. Deardoff* **R.S. DEARDOFF** **1/10/00** **321-956-0600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EN14-10/00