

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

T. Roberts MAY 02 2005

DOCUMENT # 064000103601

1. Entity Name

Southside Auto Group Inc.

FILED

05 APR 28 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2625 Blairstone Rd.

3. Mailing Address

3516 Larkway St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

13-4281540

Applied For

Not Applicable

Zip

32301

Country

Leon

Zip

32305

Country

Leon

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Jerome A. Davis

Street Address (P.O. Box Number is Not Acceptable)

3516 Larkway St.

City Tallahassee

FL

Zip Code 32305

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Jerome A. Davis  
3516 Larkway St  
Tallahassee, FL 32305

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Vice-President  
Adrienne H. Webster  
1014 B. Carrin Dr.  
Tallahassee, FL 32311

TITLE  
NAME  
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CITY - ST - ZIP

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400054203654  
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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: Jerome A. Davis Jerome A. Davis 4-28-05 (850) 294-7688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)