

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90102 015 ***150.00

LUB27886



DO NOT WRITE IN THIS SPACE

DOCUMENT # P19535			
1. Entity Name BILL SHULTZ CHEVROLET, INC.			
Principal Place of Business 4200 SOUTH US 1 FT. PIERCE FL 34982		Mailing Address PO BOX 4322 FT. PIERCE FL 34948-4322 US	
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 59-1313641		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
7. Name and Address of New Registered Agent			
SHULTZ, W.N. 4200 S. U.S. #1 FT. PIERCE FL 34982		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	CM	<input type="checkbox"/> Delete	
NAME	SHULTZ, W.N.		
STREET ADDRESS	1506 THUMB POINT DRIVE		
CITY-ST-ZIP	FT. PIERCE FL		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	SHULTZ, RONALD S.		
STREET ADDRESS	4024 GREENWOOD DRIVE		
CITY-ST-ZIP	FT. PIERCE FL		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	SHULTZ, JEFFERY D.		
STREET ADDRESS	822 S.E. CARNIVAL		
CITY-ST-ZIP	PORT ST. LUCIE FL		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SHULTZ, MARY L.		
STREET ADDRESS	1506 THUMB POINT DRIVE		
CITY-ST-ZIP	FT. PIERCE FL		
TITLE	STD	<input type="checkbox"/> Delete	
NAME	SHULTZ, WILLIAM E.		
STREET ADDRESS	3731 WILD ORCHID LANE		
CITY-ST-ZIP	FT. PIERCE FL		
TITLE	AST	<input type="checkbox"/> Delete	
NAME	FRANCIS, LISA A.		
STREET ADDRESS	2906 SHERWOOD LANE		
CITY-ST-ZIP	FT. PIERCE FL		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	5602 PALEO PINES CIR.		
CITY-ST-ZIP			
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 empowered.			
SIGNATURE: <i>Lisa Francis</i>		2/20/01 561-461-4800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)