

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90165 019 ***150.00

DOCUMENT # P93000013159

1. Entity Name
ORANGE PARK AUTO SALES & SERVICE, INC.



Principal Place of Business
~~3333 NORTH MAIN STREET~~
~~JACKSONVILLE FL 32206~~
US

Mailing Address
~~3333 NORTH MAIN STREET~~
~~JACKSONVILLE FL 32206~~
US

2. Principal Place of Business
7233 BLANDING BLVD.
Suite, Apt. #, etc.

3. Mailing Address
7233 BLANDING BLVD.
Suite, Apt. #, etc.

N
N.
B

AND ASSOCIATES



☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number **59-3166540**

Applied For
Not Applicable

Zip
32244

Country
US

Zip
32244

Country
US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAFER, ELIOT J
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DARVISH, JOHN R**
STREET ADDRESS **9020 LANHAM SEVERN RD**
CITY-ST-ZIP **LANHAM MD 20706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **ROCK, HOWARD**
STREET ADDRESS ~~**3333 NORTH MAIN STREET**~~
CITY-ST-ZIP ~~**JACKSONVILLE FL 32206**~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7233 BLANDING BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **VP** ☐ Delete
NAME **SHORE, WILLIAM**
STREET ADDRESS ~~**3333 MAIN STREET**~~
CITY-ST-ZIP ~~**JACKSONVILLE FL 32206**~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7233 BLANDING BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **ST** ☐ Delete
NAME **HOWARD, PATRICIA**
STREET ADDRESS ~~**3333 MAIN STREET**~~
CITY-ST-ZIP ~~**JACKSONVILLE FL 32206**~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7233 BLANDING BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

(904) 777-5500

Date Daytime Phone #

CR2E034 (10/02)