

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

03-10-2002 90292 001 *****8.75
 03-10-2002 90292 002 ***150.00

DOCUMENT # P93000021889 *NIC* *AM*

1. Entity Name

MILTON DODGE, CHRYSLER, PLYMOUTH, JEEP, INC.

Milton Dodge, Chrysler, Jeep, Inc.

Principal Place of Business

**6348 HWY 90 W
 P.O. BOX 820
 MILTON FL 32570
 US**

Mailing Address

**6348 HWY 90 W
 P.O. BOX 820
 MILTON FL 32570
 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

59-3174310

Applied For

Not Applicable

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

**DONALD R. PADGET
 6348 HWY 90 W
 MILTON FL 32570**

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, 2002 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

TITLE	P	☐ Delete
NAME	PADGET, DONALD R.	
STREET ADDRESS	6348 HWY 90 W	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	☐ Delete
NAME	LOCKWOOD DAVID A.	
STREET ADDRESS	6348 W HWY 90	
CITY-ST-ZIP	MILTON FL	
TITLE	TD	☐ Delete
NAME	PADGET CAROL L.	
STREET ADDRESS	6348 W HWY 90	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	☐ Delete
NAME	LOCKWOOD LEONARD A.	
STREET ADDRESS	6348 W. HWY 90	
CITY-ST-ZIP	MILTON FL	
TITLE	D	☐ Delete
NAME	LOCKWOOD JOAN N.	
STREET ADDRESS	6348 W HWY 90	
CITY-ST-ZIP	MILTON FL	
TITLE	S	☐ Delete
NAME	BROWN, JEANNE J	
STREET ADDRESS	6348 W HWY 90	
CITY-ST-ZIP	MILTON FL	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD R. PADGET

1/8/02

Date

Daytime Phone #

850-623-6866

CR2E034 (9/01)