## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P93000021889 DOCUMENT #



Secretary of State 1. Entity Name 03-05-2003 90452 001 \*\*\*\*\*8.75 MILTON DODGE, CHRYSLER, JEEP, INC. 03-05-2003 90452 002 \*\*\*150.00 Principal Place of Business Mailing Address 6348 HWY 90 W 6348 HWY 90 W P.O. BOX 820 P.O. BOX 820 MILTON FL 32570 MILTON FL 32570 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3174310 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONALD R. PADGET Street Address (P.O. Box Number is Not Acceptable) 6348 HWY 90 W MILTON FL 32570 City 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. 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550:00 Trust Fund Contribution П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition PADGET, DONALD R. NAME NAME 6348 HWY 90 W STREET ADDRESS STREET ADDRESS MILTON FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition LOCKWOOD DAVID A. NAME NAME 6348 W HWY 90 STREET ADDRESS STREET ADDRESS MILTON FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -- Change ---- --- Addition PADGET CAROL L. NAME 6348 W HWY 90 STREET ADDRESS STREET ADDRESS MILTON FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition LOCKWOOD LEONARD A. NAME 6348 W. HWY 90 STREET ADDRESS STREET ADDRESS MILTON FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition LOCKWOOD JOAN N. NAME NAME 6348 W HWY 90 STREET ADDRESS STREET ADDRESS MILTON FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition BROWN, JEANNE J NAME NAME 6348 W HWY 90 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON FL CITY-ST-ZIP

12. 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

Eanne J. Brown

CR2F034 (10/02)

**FILED** 

Mar 05, 2003 8:00 am