

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051961

1. Entity Name

ADVANTAGE CHRYSLER-PLYMOUTH-DODGE, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90171 035 ***150.00

Principal Place of Business

Mailing Address

18311 US HWY 441
MT DORA FL 32757
US

18311 US HWY 441
MT DORA FL 32757
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 59-3193893

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

SMITH, CHRISTOPHER
18311 US HWY 441
MT DORA FL 32757

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, 2001 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 D ☐ Delete
NAME SMITH, CHRISTOPHER
STREET ADDRESS 18311 US HWY 441
CITY-ST-ZIP MT DORA FL

TITLE D ☐ Change ☒ Addition
NAME BARBARA SULLIVAN
STREET ADDRESS 481 MAIN ST.
CITY-ST-ZIP WILBRAHAM, MA. 01095

TITLE P ☐ Delete
NAME SULLIVAN, ARTHUR
STREET ADDRESS 1749 SW COLLEGE RD.
CITY-ST-ZIP Ocala FL

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

TITLE ST ☐ Delete
NAME BOSTIC, WANDA
STREET ADDRESS 1515 N. MAIN ST.
CITY-ST-ZIP GAINESVILLE FL

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

TITLE D ☒ Delete
NAME FIELDS, MEL
STREET ADDRESS 37G SOUTHPORT LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

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

TITLE ☐ Delete
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

4/10/01

Date

352-735-3777

Daytime Phone #

CR2E034 (10/00)