

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000025208****1. Entity Name**
GATOR MOTORS, INC.**Principal Place of Business****609 HWY. 19 NORTH**
PERRY FL 32347**Mailing Address****P.O. BOX 310**
PERRY FL 32347**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**HERRINGTON, RONNIE M**
609 HWY. 19 NORTH
PERRY FL 32347**7. Name and Address of New Registered Agent**

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****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SMITH, RHONDA R
P. O. BOX 1311, N/A
LIVE OAK FL ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAM GATEWOOD
P. O. BOX 310, N/A
PERRY FL ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JIMMY SMITH
P. O. BOX 1311, N/A
LIVE OAK FL ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GATEWOOD, DARLA
P.O. BOX 310, N/A
PERRY FL 32347 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HERRINGTON, GWYN
P.O. BOX 252, N/A
LIVE OAK FL 32060 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**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

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90004 034 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3234267**

Applied For

Not Applicable

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

CR2E034 (10/00)