

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90038 017 \*\*\*150.00

**DOCUMENT # P94000058411**

1. Entity Name

**PHIL SMITH AUTOMOTIVE, INC.**

Principal Place of Business

**29500 S DIXIE HWY  
HOMESTEAD FL 33033**

Mailing Address

**3801 WEST SUNRISE BLVD.  
LAUDERHILL FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0510582**

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

**HUMPHRIES, J. GREGORY  
SHUTTS & BOWEN, LLP  
20 N. ORANGE AVE., SUITE 1000  
ORLANDO FL 32801**

Name

**J. Gregory Humphries**

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

**Shutts & Bowen LLP****300 S. Orange Avenue, Suite 1000**

City

**Orlando****FL**

Zip Code

**32801-4956**

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

*J. Gregory Humphries***J. Gregory Humphries****4/10/01**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>SMITH, PHILIP P<br>3801 WEST SUNRISE BLVD.<br>LAUDERHILL FL 33311    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>LUTTER, JON<br>3801 WEST SUNRISE BLVD.<br>LAUDERHILL FL 33311        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>LIGHT, MICHAEL<br>29500 S. DIXIE HWY<br>HOMESTEAD FL 33033          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>DEGROFF, DONNA W.<br>3801 W. SUNRISE BLVD<br>FT. LAUDERDALE FL 33311 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTD<br>DAYHOFF, MICHAEL R<br>3801 W SUNRISE BLVD<br>FT LAUDERDALE FL 33311 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/VP/AS/T/CFO<br>Michael R. Dayhoff<br>3801 W. Sunrise Blvd.<br>Ft. Lauderdale, FL 33311 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>William Sandidge<br>3801 W. Sunrise Blvd.<br>Ft. Lauderdale, FL 33311               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Michael R. Dayhoff***Michael R. Dayhoff****4/10/01****(954) 583-1234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)