

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90182 002 ***150.00

DOCUMENT # P94000058411

1. Entity Name
HOMESTEAD 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

1000 North Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pompano Beach, Florida

4. FEI Number

65-0510582

Applied For

Not Applicable

Zip

Country

Zip

Country

33062

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
 300 S ORANGE AVE STE 1000
 ORLANDO FL 32801**

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 **DP** ☐ Delete
 NAME **SMITH, PHILIP P**
 STREET ADDRESS **3801 WEST SUNRISE BLVD.**
 CITY-ST-ZIP **LAUDERHILL FL 33311**

TITLE ☒ Change ☐ Addition
 NAME **1000 North Federal Highway**
 STREET ADDRESS **Pompano Beach, Florida 33062**
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **LUTTER, JON**
 STREET ADDRESS **3801 WEST SUNRISE BLVD.**
 CITY-ST-ZIP **LAUDERHILL FL 33311**

TITLE ☒ Change ☐ Addition
 NAME **1000 North Federal Highway**
 STREET ADDRESS **Pompano Beach, Florida 33062**
 CITY-ST-ZIP

TITLE **DVAT** ☐ Delete
 NAME **DAYHOFF, MICHAEL R**
 STREET ADDRESS **3801 W SUNRISE BLVD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☒ Change ☐ Addition
 NAME **DVAST**
 STREET ADDRESS **Dayhoff, Michael R.**
 CITY-ST-ZIP **1000 North Federal Highway**
Pompano Beach, Florida 33062

TITLE **V** ☒ Delete
 NAME **SANDIDGE, WILLIAM**
 STREET ADDRESS **3801 W. SUNRISE BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

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

TITLE **VTD** ☒ Delete
 NAME **DAYHOFF, MICHAEL R**
 STREET ADDRESS **3801 W SUNRISE BLVD**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

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: *Michael R. Dayhoff* **Michael R. Dayhoff, VP**

954-867-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)