

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**  
 03-27-2002 90075 031 \*\*\*150.00

**DOCUMENT # P95000091168**

**1. Entity Name**  
**CINDY BROOKER CHEVROLET, INC.**

**Principal Place of Business**  
**847 S. MAIN STREET (HWY 301)**  
**WILDWOOD FL 34785**

**Mailing Address**  
**P.O. BOX 70**  
**WILDWOOD FL 34785-0070**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-3345593**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**BROOKER, CYNTHIA C**  
**847 S. MAIN STREET (HWY 301)**  
**WILDWOOD FL 34785**

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 **P** ☐ Delete  
 NAME **BROOKER, CYNTHIA C**  
 STREET ADDRESS **PO BOX 70 847 S MAIN ST**  
 CITY-ST-ZIP **WILDWOOD FL**

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

TITLE **V** ☐ Delete  
 NAME **CLARK, CECIL J**  
 STREET ADDRESS **PO BOX 1090 8843 US HWY 441**  
 CITY-ST-ZIP **LEESBURG FL**

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

TITLE **ST** ☐ Delete  
 NAME **CLARK, JACQUELINE B**  
 STREET ADDRESS **PO BOX 1090 8843 US HWY 441**  
 CITY-ST-ZIP **LEESBURG FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:** Cynthia C. Brooker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-02**

Date

**352 748 1122**

Daytime Phone #

CR2E034 (9/01)