

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90005 047 ***150.00

DOCUMENT #

1. Entity Name

Classic Cars of Sarasota Finance
946 Pleasant Estates Drive
Sarasota, Florida 34232-2678

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7150 S. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Address

946 Pleasant Estates Dr.

Suite, Apt. #, etc.

824704

DO NOT WRITE IN THIS SPACE

City & State
Sarasota, FL

Zip

Country

34231

USA

City & State

Sarasota, FL 34232

Zip

Country

4. FEI Number

65-0651763

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Daniel Prewett

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

City

Sarasota

FL

Zip Code

34231

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
President and Secretary
Marcella M. Gilliland
946 Pleasant Est. Dr.
Sarasota, FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Larry Gilliland
946 Pleasant Est. Dr.
Sarasota, FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcella M. Gilliland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02 *941-371-7158*

Date

Daytime Phone #

CR2E034B (12/01)