

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90017 031 \*\*\*150.00

**DOCUMENT # P96000103378**

1. Corporation Name

**UGLY DUCKLING CAR SALES FLORIDA, INC.**

Principal Place of Business

Mailing Address

**2525 E. CAMELBACK ROAD**

**2525 E. CAMELBACK ROAD**

~~SUITE 1150~~

~~SUITE 1150~~

**PHOENIX AZ 85016**

**PHOENIX AZ 85016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/26/1996**

4. FEI Number

Applied For

**86-0846806**

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75**-Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21 2525 E. Camelback Rd.**

**26 2525 E. Camelback Rd.**

**22 Suite # 500**

**27 Suite 500**

**23 City & State, Phoenix, AZ 85016**

**28 City & State, Phoenix, AZ 85016**

**24 Zip 85016 Country US**

**29 Zip 85016 Country US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **JOHNSON, STEVEN P**  
STREET ADDRESS **2525 E. CAMELBACK RD., SUITE 1150**  
CITY-ST-ZIP **PHOENIX AZ 85016**

1.1 TITLE **Director** ☒ Change ☐ Addition  
1.2 NAME **Gregory B. Sullivan**  
1.3 STREET ADDRESS **2525 E. Camelback Rd., Ste. 600**  
1.4 CITY-ST-ZIP **Phoenix, AZ 85016** ☐ Change ☐ Addition

TITLE **PT** ☐ DELETE  
NAME **SULLIVAN, GREGORY B**  
STREET ADDRESS **2525 EAST CAMELBACK ROAD STE 1150 500**  
CITY-ST-ZIP **PHOENIX AR**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VS** ☒ DELETE  
NAME **JOHNSON, STEVEN P**  
STREET ADDRESS **2525 EAST CAMELBACK ROAD STE 1150**  
CITY-ST-ZIP **PHOENIX AR**

3.1 TITLE **Vice President** ☐ Change ☒ Addition  
3.2 NAME **Peter G. Levas**  
3.3 STREET ADDRESS **2525 E. Camelback Rd., Ste. 500**  
3.4 CITY-ST-ZIP **Phoenix, AZ 85016** ☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE **Secretary** ☐ Change ☒ Addition  
4.2 NAME **Jon D. Ehlinger**  
4.3 STREET ADDRESS **2525 E. Camelback Rd., Ste. 500**  
4.4 CITY-ST-ZIP **Phoenix, AZ 85016** ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

**Jon D. Ehlinger, Secretary**

Date

**(602) 852-6637**

Daytime Phone #

CR2E034 (1/98)