

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90076 038 \*\*\*150.00

**DOCUMENT # P96000103378**

1. Entity Name

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

Principal Place of Business

2525 E. CAMELBACK ROAD  
 SUITE 500  
 PHOENIX AZ 85016

Mailing Address

2525 E. CAMELBACK ROAD  
 SUITE 500  
 PHOENIX AZ 85016

2. Principal Place of Business

**2525 E. Camelback Rd**

3. Mailing Address

**2525 E. CAMELBACK Rd.**

*Attn: Legal Dept.*

Suite, Apt. #, etc.

**Ste. 500**

Suite, Apt. #, etc.

**Ste. 500**

City & State

**Phoenix, AZ**

City & State

**Phoenix, AZ**

Zip

**85016**

Country

**America**

Zip

**85016**

Country

**America**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**86-0846806**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE **D** ☐ Delete  
 NAME **SULLIVAN, GREGORY B**  
 STREET ADDRESS **2525 E. CAMELBACK RD. STE 500**  
 CITY-ST-ZIP **PHOENIX AZ 85016**

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

TITLE **V** ☒ Delete  
 NAME **LEVAS, PETER**  
 STREET ADDRESS **2525 E. CAMELBACK RD. STE 500**  
 CITY-ST-ZIP **PHOENIX AR 85016**

TITLE **S** ☐ Delete  
 NAME **EHLINGER, JON D**  
 STREET ADDRESS **2525 E. CAMELBACK RD. STE 500**  
 CITY-ST-ZIP **PHONIX AZ 85016**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
 NAME **JON. D. EHLINGER**  
 STREET ADDRESS **2525 E. Camelback Rd, Ste. 500**  
 CITY-ST-ZIP **Phoenix AZ 85016**

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

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

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JON D. Ehlinger, Secretary 3/20/01 852-6600**

Date

Daytime Phone #

CR2E034 (10/00)