

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90647 002 ***150.00

DOCUMENT # P97000002050

1. Entity Name
STOLIKER AUTO BROKERS, INC.



Principal Place of Business
**3545 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US**

Mailing Address
**445-26 ST. RD 13
#402
JACKSONVILLE FL 32259
US**



2. Principal Place of Business

3. Mailing Address

198 HARMONY DR
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State

Zip
32259

Country
USA

Zip

Country

4. FEI Number **59-3421410**

Applied For
Not Applicable

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

**STOLIKER, ROBERT
1531 FRUIT COVE WOODS DR
JACKSONVILLE FL 32259**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STOLIKER, ROBERT
1113 KALMIA CT
JACKSONVILLE FL 32259** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STOLIKER, ROBERT
1501 FRUIT COVE WOODS DR
JACKSONVILLE, FL 32259** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
STOLIKER, PATRICIA
1113 KALMIA CT
JACKSONVILLE FL 32259** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
STOLIKER, PATRICIA
1501 FRUIT COVE WOODS DR
JACKSONVILLE FL 32259** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. 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 10 or Block 11 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

1-8-03 904-287-7799
Date Daytime Phone #

CR2E034 (10/02)