## 2002 Uniform Business Report (UBR)

## Mar 27, 2002 8:00 am Secretary of State DOCUMENT # P97000018609 1. Entity Name COLUMBIA MOTOR SALES, INC. 03-27-2002 90060 039 \*\*\*158.75 Mailing Address Principal Place of Business ROUTE 7, BOX 375-A ROUTE 7. BOX 375-A LAKE CITY FL 32055 LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3434665 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENNA, GLADYS Street Address (P.O. Box Number is Not Acceptable) ROUTE 7, BOX 375-A LAKE CITY FL 32055 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Addition TITLE Delete NAME MENNA, JOSE B NAME **ROUTE 6, BOX 187-32** STREET ADDRESS STREET ADDRESS LAKE CITY FL 32025 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition : C Delete TITLE MENNA, GLADYS NAME NAME STREET ADDRESS **ROUTE 6 BOX 187-32** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 Change TITLE. \_ **Addition** \_ Delete TITLE - \_\_\_ D = = ----RODGER 6. Rt 28 Box NAME NAME RODGER S. MENA STREET ADDRESS STREET ADDRESS RT. 28 BOX 662 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY, FL.32025 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

with an address, with all other like empowered.

changed, or on an attachme

SIGNATURE:

**FILED**