

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90512 001 ***150.00

0442522 AV

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1. Entity Name
BRANDON CAR & TRUCK CENTER, INC.

Principal Place of Business
**9207 GALL BLVD
ZEPHYRHILLS FL 33541**

Mailing Address
**9207 GALL BLVD
ZEPHYRHILLS FL 33541**



2. Principal Place of Business

3. Mailing Address
610 HOWARD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
LAKELAND, FL

4. FEI Number **59-3456769**

Applied For
Not Applicable

Zip

Country

Zip
33815

Country
USA

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

**ADAMS, STEPHEN R
3326 STONE BRIDGE TRAIL
VAL RICO FL 33594**

Name
ADAMS, JAMES L. JR.
Street Address (P.O. Box Number is Not Acceptable)
610 HOWARD AVENUE
LAKELAND, FL 33815

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 *James L. Adams, Jr.*
Signature typed or printed name of registered agent and title if applicable.

**JAMES L. ADAMS, JR.
PRESIDENT**

4-17-03
DATE

(NOTE: Registered Agent signature required when re-registering)

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 Delete
NAME **D ADAMS, STEPHEN R**
STREET ADDRESS **3326 STONE BRIDGE TRAIL**
CITY-ST-ZIP **VAL RICO FL 33594**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **P D ADAMS, JAMES, L. JR.**
STREET ADDRESS **610 HOWARD AVENUE**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

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

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: *James L. Adams, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. ADAMS, JR. *4-17-03* (863)682-5506
Date Daytime Phone #

CR2E034 (10/02)