

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90174 012 ***150.00

DOCUMENT # P97000075115

1. Entity Name

HARLEY-DAVIDSON OF ST. AUGUSTINE, INC.



Principal Place of Business

3956 NORTH PONCE DE LEON BLVD
ST AUGUSTINE FL 32095

Mailing Address

3956 NORTH PONCE DE LEON BLVD
ST AUGUSTINE FL 32095

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3475225

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

BANKSTON, JEFFREY R
2215 S THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32250

Name

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

City

Code

8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.

Correct address -
2575 SR 16

St. Aug. Fl. 32092

with, and accept

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
STREET ADDRESS HOLLINGSWORTH, JAMES ALBERT JR
CITY-ST-ZIP 3956 NORTH PONCE DE LEON BLVD
ST AUGUSTINE FL 32095

TITLE ☒ Change ☐ Addition
NAME D.
STREET ADDRESS Hollingsworth, James Albert Jr.
CITY-ST-ZIP 2575 SR 16
St. Augustine FL 32092

TITLE ☐ Delete
NAME D
STREET ADDRESS HOLLINGSWORTH, MYRTLE E
CITY-ST-ZIP 3956 NORTH PONCE DE LEON BLVD
ST AUGUSTINE FL 32095

TITLE ☒ Change ☐ Addition
NAME D.
STREET ADDRESS Hollingsworth, Myrtle E.
CITY-ST-ZIP 2575 SR 16
St. Augustine FL 32092

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

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 information.

SIGNATURE

James Albert Jr. Hollingsworth
2575 SR 16
St. Augustine, FL 32092

04-10-03

Date

(904) 829-8782

Daytime Phone #

CFR2034 (10/02)