

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91440 017 ***150.00

DOCUMENT # P98000006541

1. Entity Name
HAAGSMA AUTOMOTIVE GROUP, INC.



Principal Place of Business
**1505 S. MCMULLEN BOOTH RD
CLEARWATER FL 33759
US**

Mailing Address
**1505 S. MCMULLEN BOOTH RD
CLEARWATER FL 33759
US**

2. Principal Place of Business

3. Mailing Address

150 S. McMullen Booth Rd 150 S. McMullen Booth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33759

Country

US

Zip

33759

Country

US

4. FEI Number

59-3487330

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

**FOWLER, WHITE, GILLEN, BOGGS, ETAL
ATTN: OLGA M. PINA
501 E. KENNEDY BLVD, SUITE 1700
TAMPA FL 33602**

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

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 **P** ☐ Delete
NAME **HAAGSMA, D. PAUL**
STREET ADDRESS **1320 GULF BLVD**
CITY-ST-ZIP **BELLEAIR BEACH FL 33786**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 (727) 725-0005

Date

Daytime Phone #

CR2E034 (10/02)