2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State
08-13-2001 90063 045 ***550.00

DOCUMENT # P98000012860

1. Entity Name
MOFFAT AUTOMOTIVE GROUP, INC.

Principal Place of Business	Mailing Address
2904 SE WAALER STREET STUART FL 34996	2904 SE WAALER STREET STUART FL 34996

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9465 SE Federal Hwy	9465 SE Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hobe Sound FL	City & State: Hobe Sound FL
Zip: 33455 Country: USA	Zip: 33455 Country: USA

4. FEI Number 65-0828639 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOVIE, GEORGE F III
555 COLORADO AVE
STUART FL 34995

7. Name and Address of New Registered Agent

Name: Bovie, George F III
Street Address (P.O. Box Number is Not Acceptable): 555 Colorado AVE
City: Stuart **FL** Zip Code: 34995

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOFFAT, B J 2904 SE WAALER STREET STUART FL 34996 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9465 SE Federal Hwy Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOFFAT, JANE E 2904 SE WAALER STREET STUART FL 34996 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9465 SE Federal Hwy Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

13. 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 11 or Block 12 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 — Date — Daytime Phone #