

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0070151 AV

04-28-2003 91407 026 ***150.00

DOCUMENT # P98000041039

1. Entity Name
HOMETOWN MOTORS, INC.



Principal Place of Business
**3432 N MAIN ST
SUITE 3
GAINESVILLE FL 32609**

Mailing Address
**3432 N MAIN ST
SUITE 3
GAINESVILLE FL 32609**



2. Principal Place of Business
320 NE 33RD AVE

3. Mailing Address
320 NE 33RD AVE

Suite, Apt. #, etc.
SUITE F

Suite, Apt. #, etc.
SUITE F

☒ CHECK HERE IF MAKING CHANGES

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

4. FEI Number
59-3508328

Applied For
☐ Not Applicable

Zip
32609

Country
FLORIDA

Zip
32609

Country
FLORIDA

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

**GIER, TIM
1427 NE AVE
GAINESVILLE FL 32609**

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 **TIM GIER, PRESIDENT**

4/25/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIER, TIM
1427 NE 22ND AVE
GAINESVILLE FL 32609**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIER, TED
1118 NW 39TH DRIVE
GAINESVILLE FL 32605**

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

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☐ Change ☐ Addition

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: **TIM GIER, PRESIDENT** **352 316 4588**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)