

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90109 033 ***150.00

DOCUMENT # P98000041515

1. Entity Name
EDDIE MERCER AUTOMOTIVE, INC.

Principal Place of Business
6000 PENSACOLA BOULEVARD
PENSACOLA FL 32508

Mailing Address
6000 PENSACOLA BOULEVARD
PENSACOLA FL 32508

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3519384

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCER, JOSEPH E
6000 PENSACOLA BLVD.
PENSACOLA FL 32505

Name TURNER, HAROLD A.
Street Address (P.O. Box Number is Not Acceptable)
6000 PENSACOLA BLVD.
City PENSACOLA **FL** **Zip Code** 32505

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 HAROLD A. TURNER Pres Harold A. Turner 4-26-02
 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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ **Delete**
NAME MERCER, JOSEPH E
STREET ADDRESS 6000 PENSACOLA BOULEVARD
CITY-ST-ZIP PENSACOLA FL 32508

TITLE P ☒ **Change** ☐ **Addition**
NAME TURNER, HAROLD A.
STREET ADDRESS 6000 PENSACOLA BLVD.
CITY-ST-ZIP PENSACOLA, FL. 32505

TITLE D ☐ **Delete**
NAME TURNER, HAROLD A
STREET ADDRESS 6000 PENSACOLA BOULEVARD
CITY-ST-ZIP PENSACOLA FL 32508

TITLE VP ☐ **Change** ☒ **Addition**
NAME TURNER, KIMBERLY M.
STREET ADDRESS 6000 PENSACOLA BLVD.
CITY-ST-ZIP PENSACOLA, FL. 32505

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ **Change** ☐ **Addition**
NAME TURNER HAROLD A.
STREET ADDRESS 6000 PENSACOLA BLVD.
CITY-ST-ZIP PENSACOLA FL. 32505

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Harold A. Turner **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (850) 479-9667
 Date Daytime Phone #

CR2E034 (9/01)