

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083903

1. Entity Name

DEALER MANAGEMENT SYSTEMS INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90320 010 ***150.00

Principal Place of Business

Mailing Address

1920 SANDPIPER DR
PALM HARBOR FL 34683

1920 SANDPIPER DR
PALM HARBOR FL 34683-5048

2. Principal Place of Business

3. Mailing Address

1030 N. PALM SPRINGS

1030 N. PALM SPRINGS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CRYSTAL RIVER FL

CRYSTAL RIVER FL

Zip

Country

Zip

Country

34429

CITRUS

34429

CITRUS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLEK, RICHARD A
1992 BONNIE CT
DUNEDIN FL 34698

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
NAME PD
STREET ADDRESS HUBBELL, THOMAS
CITY-ST-ZIP 1920 SANDPIPER DR
PALM HARBOR FL 34683

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1030 N. PALM SPRINGS TERRACE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

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
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EQ14 (1/97)