

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90223 037 ***150.00

DOCUMENT # P99000003540

1. Entity Name
CHITWOOD MOTOR CARS, INC.



Principal Place of Business
**4143 BRENTWOOD PK
TAMPA FL 33624**

Mailing Address
**4143 BRENTWOOD PK
TAMPA FL 33624**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3552827**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 **PD** ☒ Delete
NAME **CHITWOOD, TIMOTHY H**
STREET ADDRESS **8908 EAGLE WATCH DRIVE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **PD** ☒ Change ☐ Addition
NAME **CHITWOOD, TIMOTHY H.**
STREET ADDRESS **4143 BRENTWOOD PK**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **STD** ☒ Delete
NAME **CHITWOOD, MARIE E**
STREET ADDRESS **8908 EAGLE WATCH DRIVE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **STD** ☒ Change ☐ Addition
NAME **CHITWOOD, MARIE E**
STREET ADDRESS **4143 BRENTWOOD PK**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Delete
NAME
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 of Timothy H. Chitwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

attachment # PP000003540
90133064

TO WHOM THIS CONCERNS:

DUE TO A MIX-UP IN MY OFFICE
THE UBR FORM WAS MIS PLACED.
SORRY ABOUT THIS FORM BEING FILED
LATE. THANK YOU IN ADVANCE
FOR YOUR CONSIDERATION OF WAIVING,
THE LATE FEE.

Tim Cutwood