

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**

07-10-2003 90108 021 \*\*\*158.75

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**DOCUMENT # P990000015595**

1. Entity Name  
**SUPER GT CHEVRON, INC.**



Principal Place of Business  
**5422 THERESA RD.  
TAMPA FL 33615**

Mailing Address  
**NORTDALE EXECUTIVE CENTER I  
3820 NORTDALE BLVD SUITE 205F  
TAMPA FL 33624-1863**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3556581**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**LEHEW, JACK A  
5422 THERESA RD.  
TAMPA FL 33615**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 FLEMING, GARY  
4860 NW 83RD TERR  
OCALA FL 34482**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (4/03)

Attachment



90141275  
P99000015595

To whom it may Concern.

~~This is To Inform you~~  
~~That I never Received a Report~~  
~~To Send in until July 7. 2003~~  
~~I have changed The place of~~  
~~Business Address To my Store. My~~  
~~Accountant never Received it so~~  
~~he could not forward To me.~~  
~~He moved His office From 542 V~~  
~~Threast Rd To The new Address~~  
~~on the farm. maybe it was not~~  
~~forwarded. I have Always~~  
~~paid Everything on Time so~~  
~~I Ask you waive The 0400<sup>00</sup>~~  
~~Since I Did not Receive a Report.~~  
Thank you  
Gary Hef