

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90212 043 ***150.00

DOCUMENT # P99000025581

1. Entity Name

DOUBLE S AUTO RANCH, INC. ✓

Principal Place of Business

15400 OLD OLGA ROAD

ALVA, FL 33920

Mailing Address

15400 OLD OLGA ROAD

ALVA, FL 33920

2. Principal Place of Business

147 S. Monroe Street

Suite, Apt. #, etc.

3. Mailing Address

15371 Old Olga Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Arcadia, FL

City & State
 Alva, FL

4. FEI Number
 65-0907580

Applied For
 Not Applicable

Zip
 34266

Country
 DeSoto

Zip
 33920

Country
 Lee

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

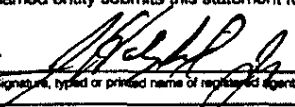
ALLAN T. GRIFFITH
 2100 McGregor Boulevard
 FORT MYERS, FL 33901

Name J. HARDY SILCOX, JR.,

Street Address (P.O. Box Number is Not Acceptable)
 4182 Skates Circle

City Fort Myers, **FL** **Zip Code** 33905

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  **J. HARDY SILCOX, JR., Reg. Agent & President** **4/24/01**

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, 2001 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 P/D ☒ **Delete**
NAME Allan T. Griffith
STREET ADDRESS 2100 McGregor Boulevard
CITY-ST-ZIP Fort Myers, FL 33901

TITLE P/S/T/D ☒ **Change** ☒ **Addition**
NAME J. Hardy Silcox, Jr.
STREET ADDRESS 4182 Skates Circle
CITY-ST-ZIP Fort Myers, FL 33905

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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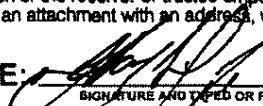
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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: 

President & Director

4/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)