

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91157 003 \*\*\*150.00

**DOCUMENT # P99000027902**

1. Entity Name

**CORAL RIDGE AUTO & RV, INC.**

Principal Place of Business

Mailing Address

3151 COOPER STREET

3151 COOPER STREET

UNIT 8

UNIT 8

PUNTA GORDA FL 33951

PUNTA GORDA FL 33951

**C0059**

2. Principal Place of Business

3. Mailing Address

**3017 Cooper St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Punta Gorda FL**

Zip

Country

Zip

Country

**33950 USA**4. FEI Number **65-0907156**

Applied For

Not Applicable

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

**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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/12/01**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PVD						
	HARROWER, JAMES S	3151 COOPER STREET	PUNTA GORDA FL 33951				
	VD						
	KENNEDY, AARON L	3151 COOPER STREET	PUNTA GORDA FL 33951				
	STD						
	HARROWER, CAROLYN A	3151 COOPER STREET	PUNTA GORDA FL 33951				

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 #

**01/12/01 941 639 0010**

CR2E034 (10/00)