

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90212 016 ***150.00

0460483 AV

DOCUMENT # P99000027902

1. Entity Name

CORAL RIDGE AUTO & RV, INC.

Principal Place of Business

**3017 COOPER STREET 3
PUNTA GORDA FL 33950**

Mailing Address

**3151 COOPER STREET
UNIT 8
PUNTA GORDA FL 33951**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3017 Cooper Street
Suite, Apt. #, etc.
Punta Gorda FL
City & State**

3. Mailing Address

**3017 Cooper Street
Suite, Apt. #, etc.
Punta Gorda FL
City & State**

4. FEI Number

65-0907156

Applied For

Not Applicable

Zip

33950

Country

USA

Zip

33950

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Carolyn A Harrower STD

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. ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **PVD** ☐ Delete
NAME **HARROWER, JAMES S**
STREET ADDRESS **3017 COOPER STREET**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **VD** ☐ Delete
NAME **KENNEDY, AARON L**
STREET ADDRESS **3017 COOPER STREET**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **STD** ☐ Delete
NAME **HARROWER, CAROLYN A**
STREET ADDRESS **3017 COOPER STREET**
CITY-ST-ZIP **PUNTA GORDA FL 33951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/02

941 639 0000

Date

Daytime Phone #

CR2E034 (9/01)