

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90991 021 ***150.00

DOCUMENT # P99000049990

1. Entity Name

N.W. FLORIDA AUTOMOTIVE, INC.

Principal Place of Business

Mailing Address

C0058978

2. Principal Place of Business

343 MIRACLE STRIP PARKWAY,

Suite, Apt. #, etc.

SW

3. Mailing Address

619 TENTH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT WALTON BEACH, FL

City & State

FORT MADISON, IA

4. FEI Number

59-3584813

Applied For

Not Applicable

Zip

32549

Country

USA

Zip

52627

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLBERT, RICHARD M.
 ONE PENSACOLA PLAZA, SUITE 800
 125 W. ROMANA STREET
 PENSACOLA, FL 32591

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

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

TITLE D/P/S ☐ Delete
NAME SHOTTENKIRK, GREGORY J.
STREET ADDRESS 1202 DENMARK HILLTOP
CITY-ST-ZIP FORT MADISON, IA 52627

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 D/VP ☐ Change ☐ Addition
NAME GEAGAN, KEVIN
STREET ADDRESS 343 MIRACLE STRIP PARKWAY, SW
CITY-ST-ZIP FORT WALTON BEACH, FL 32549

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 807, 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

GREGORY J.

SHOTTENKIRK

Date

4/26/01

Daytime Phone #

(319) 372-6880

CR2E034 (11/00)