FILED May 05, 2003 8:00 am §

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 1. Entity Name GERETY'S USED CARS, INC.		SLORE!	Secretary of State 05-05-2003 91386 044 ***150.00					
Principal Place of Business 4410 ROSSMORE DRIVE ORLANDO FL 32810	4410	Mailing Address 4410 ROSSMORE DRIVE ORLANDO FL 32810						
2. Principal Place of Business		3. Mailing Address					{B 0	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State	. City	& State		4. FEI	Number 59-3583487	<u> </u>	oplied For ot Applicable	-
Zip Country	Zip		Country	5 . Ce	rtificate of Status Desired	\$8.75 Add		
6. Name and Addres	s of Current Registere	ed Agent		7. Na	me and Address of New Registere	d Agent]
OFDETY MAUDEEN			Name		•			
GERETY, MAUREEN 4410 ROSSMORE DRIVE			Street Address	ddress (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32810								
i.			City	····	F	L Zip Cod	e	
The above named entity submits this the obligations of registered agent. SIGNATURE Signature, typed or printed name or			egistered office or regist				and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.		May Be I to Fees	
	FICERS AND DIRECTO		11.	ADDI	TIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 11	
TITLE PD NAME GERETY, ROBERT F STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.5	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP '		□ Delete ′	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information	and the state of t	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		207(0)() []	Change	Addition	

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: 1

