

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069039

1. Entity Name

EDEALERSHIP SOLUTIONS, INC.

FILED

01 JUL -3 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2699 Flynn Road West
Jacksonville, FL 32223

Mailing Address
2699 Flynn Road West
Jacksonville, FL 32223

2. Principal Place of Business
4905 Belfort Road

Suite, Apt. #, etc.
Suite 110

City & State
Jacksonville, FL

Zip
32256

Country
US

3. Mailing Address
4905 Belfort Road

Suite, Apt. #, etc.
Suite 110

City & State
Jacksonville, FL

Zip
32256

Country
US

2001 AMENDED UBR

4. FEI Number
59-3633744

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

David A. Cates
2699 Flynn Road West
Jacksonville, FL 32223

7. Name and Address of New Registered Agent

Name
Motolaw, Inc.

Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street, Suite 2500

City
Jacksonville

FL

Zip Code
32202

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  Robert G. Shaffer, II, Vice President

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

06-29-01

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

TITLE
P

NAME
David Cates

STREET ADDRESS
2699 Flynn Road West

CITY-ST-ZIP
Jacksonville, FL 32223

☐ Delete

TITLE
VP

NAME
Chad Albertson

STREET ADDRESS
2810 Vista Cove Road

CITY-ST-ZIP
St. Augustine, FL 32084

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P

NAME
David A. Cates

STREET ADDRESS
4905 Belfort Road, Suite 110

CITY-ST-ZIP
Jacksonville, FL 32256

☒ Change ☐ Addition

TITLE
VP

NAME
Chad Albertson

STREET ADDRESS
4905 Belfort Road, Suite 110

CITY-ST-ZIP
Jacksonville, FL 32256

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:  David A. Cates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-01

Date

(904) 861-2170

Daytime Phone #

CR2E034 (11/00)