2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **P99000070462** JON HALL CHRYSLER PLYMOUTH JEEP, INC. 01-26-2000 90019 008 ***150.00 Mailing Address Principal Place of Business 551 N. NOVA RD. 551 N. NOVA RD. DAYTONA BEACH FL 32114-1701 DAYTONA BEACH FL 32114 706843 2. Principal Place of Business 3. Mailing Address $\mathcal{L}L$ Suite, Apt. #, etc. Suite Apt. # etc. 59 36015 1 4. FEI Number Applied For City & State City & State Not Access Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SERBOUSEK, TED W Street Address (P.O. Box Number is Not Acceptable) C/O JON HALL CHEVROLET, INC. 551 N. NOVA RD. DAYTONA BEACH FL 32114 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. \$5:00 May Be Election Campaign Financing After MAY 1, 2800 Fee will be \$550.00 Tax filing requirement and elects to do so. - 🗆 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check/Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Channe Delete TITLE RITCHEY, GLENN S NAME 551 N. NOVA RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE SERBOUSEK, TED W NAME NAME 551 N. NOVA RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Change Addition Delete TITLE HALL, JON E NAME NAME STREET ADDRESS 551 N. NOVA RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Change ☐ Additior Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME 37.11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empoy ered

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #