FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 29, 2001 8:00 am DOCUMENT # P99000070462 **Secretary of State** JON HALL CHRYSLER PLYMOUTH JEEP, INC. 03-29-2001 90356 006 \*\*\*150.00 Principal Place of Business Mailing Address 551 N. NOVA RD. P O BOX 751 DAYTONA BEACH FL 32114 DAYTONA BCH FL 32115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3601577 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE I \$150.00 9. This corporation is eligible to satisfy its Intangible -10.-Election Campaign Financing -- \$5:00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Delete TITLE ☐ Change ☐ Addition TITLE RITCHEY, GLENN S NAME NAME STREET ADDRESS STREET ADDRESS 551 N. NOVA RD. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete TITLE ☐ Change ☐ Addition TITLE SERBOUSEK, TED W NAME NAME 551 N. NOVA RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete TITLE Addition TITLE HALL, JON E NAME NAME STREET ADDRESS STREET ADDRESS 551 N. NOVA RD. CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-01

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