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**FILED** 

Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90247 009 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P99000091413

1. Entity Name

MIDTOWN MOTORS, INC.

AVENUE	Mailing Address 1220 CASSAT AVENUE JACKSONVILLE FL 32205				
ace of Business	3. Mailing Address			6 18191 11611 01084 11800 1116 1061	
#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
3	City & State		4. FEI Number 59-3606488	Applied For Not Applicable	
Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
	<del></del>	Name			
SKEELS, ROBERT 1821 3RD STREET, NORTH		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
		<del>-</del>	1		
VILLE BEACH FL 32250					
		City	, <b>F</b> .	Zip Code	
named entity submits this statement f	or the purpose of changing its re	eaistered office or reaist	ered agent, or both, in the State of Florida. I ar	n familiar with, and accept	
	or the purpose of ortal ging to	- g - t - t - t - t - t - t - t - t - t			
Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE		
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.	\$5.00 May Be Added to Fees	
-		11.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 11	
r	<del></del>	TITLE		☐ Change ☐ Addition	
		NAME			
1395 TECA TRAIL		STREET ADDRESS			
JACKSONVILLE FL 32225		CITY-ST-ZIP			
- A- Ar	☐ Delete	TITLE		☐ Change ☐ Addition	
		NAME			
			<u> </u>		
	☐ Delete			☐ Change ☐ Addition	
		OHI OF AII			
		7171 5		Change C Addition	
•	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
	6. Name and Address of Current ROBERT STREET, NORTH VILLE BEACH FL 32250  named entity submits this statement from of registered agent.  Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  ( Payable to Florida Department of PSTD THON, LAWRENCE R 1395 TECA TRAIL	AVENUE E FL 32205  1220 CASSAT AVENUE JACKSONVILLE FL 32205  3. Mailing Address #, etc. Suite, Apt. #, etc. City & State  Country Zip 6. Name and Address of Current Registered Agent  ROBERT STREET, NORTH VILLE BEACH FL 32250  named entity submits this statement for the purpose of changing lits reliance of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of State  OFFICERS AND DIRECTORS  PSTD  Delete  THON, LAWRENCE R  1395 TECA TRAIL JACKSONVILLE FL 32225	AVENUE E FL 32205  Iace of Business  3. Mailling Address  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  6. Name and Address of Current Registered Agent  Name  ROBERT  STREET, NORTH  WILLE BEACH FL 32250  City  named entity submits this statement for the purpose of changing its registered office or regist ions of registered agent.  Signature, typed or printed name of registered agent and tate if applicable.  (NOTE: Registered Agent signature requisitions of Payable to Florida Department of State  OFFICERS AND DIRECTORS  11.  PSTD  THON, LAWRENCE R  1395 TECA TRAIL  JACKSONVILLE FL 32225  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	AVENUE F. R. 32205    ACKSONVILLE FL 32205   ACKSONVILLE FL 32205   ACKSONVILLE FL 32205   ACKSONVILLE FL 32205   ACKSONVILLE FL 32205   ACKSONVILLE FL 32205   ACKSONVILLE FL 32205   ACKSONVILLE FL 32205   ACKSONVILLE FL 32205   ACKSONVILLE FL 32225   ACKSONVILLE FL 32225	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

1/15/03 (904) 781-589 5

Change

☐ Change

Addition

Addition