

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90103 040 ***158.75

DOCUMENT # P99000109934



1. Entity Name
DARBY SOUTH BUICK-PONTIAC-GMC, INC.

Principal Place of Business
1455 S. TAMIAMI TRAIL
VENICE FL 34285

Mailing Address
1455 S. TAMIAMI TRAIL
VENICE FL 34285



| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-1120480 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

CHECK HERE IF MAKING CHANGES

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| ICARD, MERRILL, ET. AL. ATTN: F. THOMAS HOPKINS 2033 MAIN STREET #600 SARASOTA FL 34237 | | | | Name _____ | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) _____ | | | |
| | | | | City _____ FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required 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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-----------------------|--|--|---|-----------------------|--|--|
| TITLE | CD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | C. CONRAD DARBY III | | | NAME | | | |
| STREET ADDRESS | 5170 S. TAMIAMI TRAIL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SARASOTA FL 34231 | | | CITY-ST-ZIP | | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | | TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DARBY, MARGARET C | | | NAME | Darby-Cross, Melissa | | |
| STREET ADDRESS | 5170 S. TAMIAMI TRAIL | | | STREET ADDRESS | 5170 S. Tamiami Trail | | |
| CITY-ST-ZIP | SARASOTA FL 34231 | | | CITY-ST-ZIP | Sarasota, Fl. 34231 | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FROST, SCOTT F | | | NAME | | | |
| STREET ADDRESS | 1455 S. TAMIAMI TRAIL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | VENICE FL 34285 | | | CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WELLS, ROBIN J | | | NAME | | | |
| STREET ADDRESS | 1455 S. TAMIAMI TRAIL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | VENICE FL 34285 | | | CITY-ST-ZIP | | | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DELMORO, SANDRA M | | | NAME | | | |
| STREET ADDRESS | 5170 S TAMIAMI TRAIL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SARASOTA FL 34231 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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.

SIGNATURE: *Robin J Wells* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1-23-03** **941-488-3667**
DATE DAYTIME PHONE #

CR2E034 (10/02)