

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90067 020 ***150.00

DOCUMENT # S17236

1. Entity Name

BUDDY HUTCHINSON PONTIAC, INC.

00027631



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3919 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207
US5100 SUNBEAM ROAD
SUITE 1
JACKSONVILLE FL 32257-6101
US2. Principal Place of Business
5100 SUNBEAM RD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 1

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

4. FEI Number 59-3040948

Applied For

Not Applicable

Zip 32257 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

HUTCHINSON, MILFORD F.
5100 SUNBEAM ROAD
JACKSONVILLE FL 32256

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME HUTCHINSON, MILFORD F. ☐ Delete
STREET ADDRESS 3919 PHILLIPS HWY
CITY-ST-ZIP JACKSONVILLE FLTITLE PTD
NAME HUTCHINSON MILFORD F. ☒ Change ☐ Addition
STREET ADDRESS 5100 SUNBEAM RD SUITE 1
CITY-ST-ZIP JACKSONVILLE FL 32257TITLE CST
NAME JOYNER, JOHN ☐ Delete
STREET ADDRESS 5100 SUNBEAM ROAD
CITY-ST-ZIP JACKSONVILLE FL 32256TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

JOHN H. JOYNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

904-886-4907

Date

Daytime Phone #

CR 4-034 (9/99)