# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 01, 2001 8:00 am**
**Secretary of State**
08-01-2001 90195 017 ***550.00

0418848

DOCUMENT # S47494

1. Entity Name
SULLIVAN PONTIAC-CADILLAC-GMC TRUCK, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3230 S. PINE STREET<br>OCALA FL 32671 | 3230 S. PINE STREET<br>OCALA FL 32671 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4040 SW College Rd<br>Suite, Apt. #, etc. | 4040 SW College Rd<br>Suite, Apt. #, etc. |
| City & State: Ocala FL | City & State: Ocala FL |
| Zip: 34471 Country: Marion | Zip: 34471 Country: Marion |

4. FEI Number 59-3064490 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| SMITH CHRIS<br>3230 S PINE AVENUE<br>OCALA FL 34471 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 2001 Fee will be $550.00**
**Make Check Payable to Department of State**

10. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SULLIVAN, ARTHUR<br>1749 SW COLLEGE ROAD<br>OCALA FL ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BOSTIC, WANDA<br>1515 N MAIN STREET<br>GAINESVILLE FL ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>SMITH, CHRIS<br>3230 S PINE AVENUE<br>OCALA FL ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FIELDS, MELVIN<br>P.O. BOX 4172 N/A<br>ORMOND BEACH FL ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SULLIVAN, BARBARA<br>220 OSCEOLA WAY<br>PALM BEACH FL ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SULLIVAN, SEAN<br>2350 BROADWAY #1038<br>NEW YORK NY ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/00)

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:** Wanda Bostic Wanda Bostic 7/27/01 352-732-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #