

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91325 032 ***150.00

003068 AV

DOCUMENT # S67780

1. Entity Name
ADESA FLORIDA, INC.



Principal Place of Business
**11700 NEW KINGS ROAD
JACKSONVILLE FL 32219**

Mailing Address
**11700 NEW KINGS ROAD
JACKSONVILLE FL 32219**

2. Principal Place of Business

3. Mailing Address
310 E. 96th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 400

City & State

City & State
Indianapolis, IN

Zip

Country

Zip

46240

Country

US

4. FEI Number
35-1842547

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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

(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

TITLE **PD** ☐ Delete
NAME **WARNER, BRIAN J**
STREET ADDRESS **310 E. 96TH STREET., #400**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

TITLE **VPD** ☐ Delete
NAME **HARRIS, DONALD L**
STREET ADDRESS **310 E. 96TH STREET., #400**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

TITLE **TD** ☐ Delete
NAME **LIPS, PAUL J**
STREET ADDRESS **310 E. 96TH STREET., #400**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

TITLE **S** ☐ Delete
NAME **TURNER, KAREN C**
STREET ADDRESS **310 E. 96TH STREET., #400**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **James P. Hallett**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *KAREN C. TURNER* **SIGNATURE REQUIRED** Karen C. Turner

4/28/03

(317)249-4255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)