

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S95391**

1. Entity Name

ARCADIA CHEVROLET-GEO-BUICK-OLDSMOBILE-PONTIAC, INC.

Principal Place of Business

**210 SOUTH BREVARD AVE.
ARCADIA FL 33821**

Mailing Address

**210 SOUTH BREVARD AVE.
ARCADIA FL 33821**

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90102 029 ***550.00

B0132870



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0296765**

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

**PLATTNER, DOUGLAS D.
210 SOUTH BREVARD AVE.
ARCADIA FL 33821**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	☐ Delete
	DVS	PLATTNER, VERNON L.	210 SOUTH BREVARD	ARCADIA FL
	DP	PLATTNER, DOUG	210 SOUTH BREVARD	ARCADIA FL
	D	ROBERTS, DEBRA A.	4706 E. 105TH PLACE	TULSA OK
	D	TASKER, SANDRA B.	13000 121ST TERRACE	OVER LAND PARK KS

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02

Daytime Phone #

CR2E034 (4/02)