

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90018 027 \*\*\*550.00

**DOCUMENT # 272288**

1. Entity Name  
**BAINBRIDGE MOTORS, INC.**

Principal Place of Business      Mailing Address

**1910 REID STREET**      **1910 REID STREET**  
**P.O. DRAWER 370**      **P.O. DRAWER 370**  
**PALATKA FL 32177**      **PALATKA FLA 32177-2938**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1006804**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BECKLER, C EDWIN**  
**1910 REID ST**  
**PALATKA FL 32177**

**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.

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 State**

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

**11. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>BECKLER, C EDWIN</b>
STREET ADDRESS	<b>1910 REID ST.</b>
CITY-ST-ZIP	<b>PALATKA FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>BECKLER, NORMA B</b>
STREET ADDRESS	<b>5 PUTTER LANE</b>
CITY-ST-ZIP	<b>PALATKA FL</b>
TITLE	<b>STD</b> <input type="checkbox"/> Delete
NAME	<b>BECKLER, CRAIG E.</b>
STREET ADDRESS	<b>2200 PALMA CEIA</b>
CITY-ST-ZIP	<b>PALATKA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *C. Edwin Beckler*      **C. EDWIN BECKLER**      9/1/2000      904-325-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)