

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-06-2003 90108 040 ***150.00

2/1

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000110784



1. Entity Name
TABOR LAKE DEALERSHIP, INC.

Principal Place of Business
**520 HARBOR GATE WAY
 LONGBOAT KEY FL 34228**

Mailing Address
**520 HARBOR GATE WAY
 LONGBOAT KEY FL 34228**

55009636



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
16-1650329

Applied For
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ONEIL, WILLIAM
 520 HARBOR GATE WAY
 LONGBOAT KEY FL 34228**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **ONEIL, WILLIAM**
 STREET ADDRESS **520 HARBOR GATE WAY**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **DONEIL, BRIAN** Change Addition
 NAME **PO Box 199**
 STREET ADDRESS **TAVERNIER, FL 33070**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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: **B. ONEIL** SIGNATURE REQUIRED **ONEIL** **2-3-03** **305 8527622**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/02)