2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State
01-15-2002 90027 017 ***150.00

DOCUMENT # L24701

1. Entity Name
BEN SMITH AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
2250 U.S. 1 SOUTH ST. AUGUSTINE FL 32806	P.O. BOX 169 ST. AUGUSTINE FL 32085

903334

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 59-2981717 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, BRIAN L
~~417 MARSH POINT CIRCLE~~ 107 Heron's Nest Lane
ST. AUGUSTINE FL ~~32084~~ 32080

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 107 Herons Nest Lane

City ST. AUGUSTINE **FL** Zip Code 32080

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 Brian Wilson Brian L. Wilson 1/7/02
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, 2002 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	P WILSON, BRIAN L ~~417 MARCH POINT CIRCLE~~ 107 Heron's Nest LN ST. AUGUSTINE FL ~~32084~~ 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Address Brian Wilson 107 Heron's Nest Lane ST. AUGUSTINE FL 32080
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, BRIAN L ~~417 MARCH POINT CIRCLE~~ 107 Herons Nest Lane ST. AUGUSTINE FL ~~32084~~ 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition BRIAN Wilson 107 Heron's Nest Lane ST. AUGUSTINE FL 32080 Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST AUSTIN, MARSA K 10275 OLD AUGUSTINE RD 3803 JACKSONVILLE FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WIESEMANN, JAIME M. 625 FAIRWAY Dr 104 ST AUGUSTINE FL 32084
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: Brian Wilson REQUIRED Brian L. Wilson 1/7/02 904-797-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #