

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90536 041 \*\*\*150.00

**DOCUMENT # L75020**

1. Entity Name  
**BEHR AUTO SALES, INC.**



Principal Place of Business  
**% STEVE SZABO  
6550 BAYSHORE RD  
N FT MYERS FL 33917**

Mailing Address  
**% STEVE SZABO  
6550 BAYSHORE RD  
N FT MYERS FL 33917**



2. Principal Place of Business  
**6550 Bayshore Road**

3. Mailing Address  
**P.O. Box 150579**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**N. Fort Myers, Florida**

City & State  
**Cape Coral, Florida**

4. FEI Number **65-0203981**

Applied For  
 Not Applicable

Zip Country  
**33917 USA**

Zip Country  
**33904 USA**

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

6. Name and Address of Current Registered Agent  
**TOBI, TEODRA  
7467 DANA LIN CIR  
NORTH FT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name  
**Darrin R. Schutt, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**1105 Cape Coral Parkway, East**

Suite C

City  
**Cape Coral**

FL Zip Code  
**33904**

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  **Darrin R. Schutt** **1/15/03**

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 <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>SZABO, STEVE</b>	
STREET ADDRESS <b>6550 BAYSHORE RD.</b>	
CITY-ST-ZIP <b>N. FT MYERS 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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Hackl, Lars</b>	
STREET ADDRESS <b>P.O. Box 150579</b>	
CITY-ST-ZIP <b>Cape Coral, FL 33904</b>	
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	

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 an other like empowered.

**SIGNATURE:**  **L. Hackl, President** **1/15/03** **239.410.7423**

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

CR2E034 (10/02)