

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

0382643 AV

04-07-2003 90127 023 ***150.00

DOCUMENT # P01000052155

1. Entity Name
220 AUTOMOTIVE, INC.



Principal Place of Business
**2487 CT #220
STE #101
MIDDLEBURG FL 32068**

Mailing Address
**2065 NORTH WATERWAY DRIVE
JUNO BEACH FL 33408**



2. Principal Place of Business

3. Mailing Address

2487 C.R. #220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1107203**

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

7. Name and Address of New Registered Agent

**MARANVILLE, KEVIN
2065 N. WATERWAY DR
JUNO BEACH FL 33408**

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 _____

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	PD	<input type="checkbox"/> Delete
NAME	MARANVILLE, KEVIN W	
STREET ADDRESS	2065 NORTH WATERWAY DRIVE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MARANVILLE, MARY F	
STREET ADDRESS	2065 NORTH WATERWAY DRIVE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GILBERT, TONI L	
STREET ADDRESS	2065 NORTH WATERWAY DRIVE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	STEPHEN W. MARANVILLE	
STREET ADDRESS	2065 N. WATERWAY DR.	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Smith, Toni L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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 all other like empowered.

SIGNATURE: **MARY F. MARANVILLE**
SIGNATURE REQUIRED

Date: **4/4/03** Daytime Phone #: **561-624-7074**

CR2E034 (10/02)