

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0002844 AV

03-14-2002 90302 044 ***150.00

DOCUMENT # P01000076810

1. Entity Name
A-1 BODY & USED CARS, INC.

Principal Place of Business
704 SOUTH 8TH STREET
FERNANDINA BEACH FL 32034

Mailing Address
704 SOUTH 8TH STREET
FERNANDINA BEACH FL 32034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

704 S. 8th St.

Suite, Apt. #, etc.

3. Mailing Address

704 S. 8th St

Suite, Apt. #, etc.

City & State

Fernandina Bch., FL

Zip
32034

Country

Nassau

City & State

Fernandina Bch., FL

Zip
32034

Country

Nassau

4. FEJ Number

65-1131870

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, CARL W
5012 ANTHONY STREET
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

Same

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 **Carl W. Morris Tol W. Morris**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/02

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

TITLE **PSD** Delete
 NAME **MORRIS, CARL W**
 STREET ADDRESS **704 SOUTH 8TH STREET**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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: **Carl W. Morris Tol W. Morris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

904261-6403

Daytime Phone #

CR2E084 (9/01)