

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90239 002 \*\*\*150.00

DOCUMENT # PO1000101731  
1. Entity Name TARGET AUTO BROKERS INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 6429 15th St E.  
Suite, Apt. #, etc.

3. Mailing Address 7927 Long bay Blvd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State SARASOTA, FL  
Zip 34243 Country USA

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4. FEI Number 01-0592079  
Applied For  Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name William Chong  
Street Address (P.O. Box Number is Not Acceptable) 7927 Long bay Blvd.  
City SARASOTA FL Zip Code 34243

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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 4-01-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT WILLIAM CHONG 7927 LONG BAY BLVD SARASOTA, FL 34243</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4-1-02 DAYTIME PHONE # 941-720-7253

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