


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

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

04-21-2003 90333 040 \*\*\*150.00

**DOCUMENT #** P02000046706

**1. Entity Name**  
AUTO PROFITS-R-US INC.



**Principal Place of Business**  
735 HUNT CLUB TRAIL  
PORT ORANGE FL 32127

**Mailing Address**  
735 HUNT CLUB TRAIL  
PORT ORANGE FL 32127



**2. Principal Place of Business**  
6115 SANCTUARY Garden BLVD

**3. Mailing Address**  
6115 SANCTUARY Garden BLVD

CHECK HERE IF MAKING CHANGES

**City & State**  
Port Orange FL.

**City & State**  
Port Orange FL.

**Zip** 32128 **Country\*** Volusia

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**4. FEI Number**  
45-0478580

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

ECKERT, RAY  
735 HUNT CLUB TRAIL  
PORT ORANGE FL 32127

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
6115 SANCTUARY Garden BLVD.

Port Orange FL. 32128 FL 32128

*NEW address* →

**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 *RAY ECKERT* *Ray Eckert* DATE 4/18/03

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

**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 NAME STREET ADDRESS CITY-ST-ZIP	P ECKERT, RAY 735 HUNT CLUB TRAIL PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRYE, DAVENNE 6426 LONGLAKE DRIVE PORT ORANGE FL 32128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECKERT, DEANNE 735 HUNT CLUB TRAIL PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECKERT, RAY 6115 SANCTUARY Garden BLVD. Port Orange, FL, 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECKERT, DEANNE 6115 SANCTUARY Garden BLVD. Port Orange, FL, 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *RAY ECKERT* **REQUIRED** *RAY ECKERT* DATE 4/18/03 DAYTIME PHONE # 386-788-8883

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

CR2E034 (10/02)