

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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90261 019 \*\*\*150.00

DOCUMENT # **P02000069317**

1. Entity Name

**A4B Automotive**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**16369 S Tamiami Trail**

3. Mailing Address

**16369 S**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. Myers, FL**

City & State

**FT Myers FL**

Zip

Country

**33908 USA**

Zip

Country

**33908 USA**

4. FEI Number

**45 0482106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Jeffrey A. Jaffray**

Street Address (P.O. Box Number is Not Acceptable)

**6030 Bismarck Wood Ln**

City

**FT. Myers**

FL

Zip Code

**33908**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

**JEFFREY A JAFFRAY  
6030 Bismarck Wood Ln  
FT. MYERS FL 33908**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**ROBERT L. DINDMANDY  
43-26 159 ST  
FLUSHING NY 11358**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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

SIGNATURE

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeffrey A. Jaffray**

**Feb 06 / 03**

Date

**239-487-4271**

Daytime Phone #

CR2E034B (12/02)