

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90828 030 ***150.00

0065966 AV

DOCUMENT # P02000097272

1. Entity Name
SELECT MOTOR CARS, INC.



Principal Place of Business
5613 BALLYBUNION DR
PACE FL 32571

Mailing Address
5613 BALLYBUNION DR
PACE FL 32571



2. Principal Place of Business
5708 NORTH W ST
Suite, Apt. #, etc.

3. Mailing Address
5444 OAKMONT DR
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
PENSACOLA FL
Zip 32505 Country USA

City & State
PACE FL
Zip 32571 Country USA

4. FEI Number
61-1424631

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTER, R DALE
5613 BALLYBUNION DR
PACE FL 32571

7. Name and Address of New Registered Agent

Name R. DALE Register
Street Address (P.O. Box Number is Not Acceptable)
5444 OAKMONT DRIVE
City Pace FL Zip Code 32571

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 *R. Dale Register* R. DALE Register

DATE 4/27/03

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

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	REGISTER, R DALE	5613 BALLYBUNION DR	PACE FL 32571	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5444 OAKMONT DR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *R. Dale Register* R. DALE Register 4/27/03 850-434-9332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)