2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
03-13-2001 90111 009 ***150.00

DOCUMENT # P96000083306

1. Entity Name
AMAR AUTO AGENCIES, INC.

Principal Place of Business	Mailing Address
1229 W HIGHLAND BLVD. INVERNESS FL 34452 9299 E Sweetwater Drive.	1229 W HIGHLAND BLVD. INVERNESS FL 34452 PO BOX 752 Inverness Fl 34451

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Inverness Fl 34450	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3406021 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GHUMAN, AVTAR S 1229 W. HIGHLAND BLVD. INVERNESS FL 34452 Ghuman, Avtar S. 9299 E Sweetwater Drive Inverness, Fl 34450	Name: Ghuman, Avtar S Street Address (P.O. Box Number is Not Acceptable): 9299 E Sweetwater Drive City: Inverness FL Zip Code: 34450

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

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST GHUMAN, KATHLEEN M ~~1229 W HIGHLAND BLVD~~ 9299 E. Sweetwater Dr. INVERNESS FL 34450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ghuman, Kathleen M. 9299 E Sweetwater Drive Inverness, Florida 34450	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Address Changes only	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Kathleen M Ghuman — Kathleen M. Ghuman — Mar 9, 2001 — (352) 726-9493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — ~~Feb~~ 26, 2001 — Date — Daytime Phone #