Apr-18-02 07:53P

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90101 002 ***150.00

044049

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049078

1. Entity Name
A-1 AUTO SALES & SERVICE, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business: 405 COUNT STREET	3. Mailing Address: 405 COUNT STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE, FL	City & State: MELBOURNE, FL
Zip: 32901 Country	Zip: 32901 Country

4. FEI Number: 59-3456756 ☐ 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~~ New Registered Agent
Name: ARMIN GOOT
Street Address (P.O. Box Number is Not Acceptable): 405 COUNT STREET
City: MELBOURNE, FL Zip Code: 32901

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]* ARMIN GOOT, PRESIDENT 4/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

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	D. GOOT, ARMIN / 405 COUNT STREET / MELBOURNE, FL 32901	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]* ARMIN GOOT, PRESIDENT 4/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date