

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0003519 AV

DOCUMENT # S23499

1. Entity Name
AUTO-MATCH INTERNATIONAL CAR CLUB, INC.



FILED

03 JUL 28 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6930 BEACH BLVD
JACKSONVILLE FL 32216**

Mailing Address
**6930 BEACH BLVD
JACKSONVILLE FL 32216**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ROE, PATRICK L
970 FRUIT COVE ROAD
JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	DP ROE, PATRICK L 970 FRUIT COVE RD JACKSONVILLE FL 32259 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (4/03)

Auto-Match International Car Club, Inc.
6930 Beach Blvd
Jacksonville, FL 32216
904-721-0092

July 25, 2003

To whom it may concern:

I would like to ask that the late fee be waived for the Uniform Business Report for Auto-Match International Car Club, Inc. I never received the first notice for payment due; therefore it did not get filed and paid on time. Enclosed you will find a check for the original amount of \$150.00.

Document number: S 23499
Federal ID number: 59-3045334

Thank you,



Patrick L Roe