

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90676 001 *4,800.00

DOCUMENT # 373024

1. Entity Name
ASSOCIATION OF INDEPENDENT MOTORISTS, INC.



Principal Place of Business
P.O. BOX 15707
ST. PETERSBURG FL 33733
US

Mailing Address
P.O. BOX 15707
ST. PETERSBURG FL 33733
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1317750**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SOUTHEY, ROBERT G
360 CENTRAL AVENUE
ST. PETERSBURG FL 33701

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 \$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	TD	<input type="checkbox"/> Delete
NAME	HUSSEMAN, EDWIN C	
STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEEHAN, DAVID K	
STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MENKE, ROBERT M	
STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HAIRE, NANCY C	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, DAVID B	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOUTHEY, ROBERT G	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy C. Haire 4/15/03 727-823-4000

Asst. Secretary

Daytime Phone #

CR2E034 (10/02)