


FILED
Jan 12, 2004 8:00 am
Secretary of State

24001114

DOCUMENT # 459549

1. Entity Name
JAX CAR SALES, INCORPORATED



Principal Place of Business
1151 N MAINST
JACKSONVILLE, FL 32206 US

Mailing Address
1151 NORTH MAIN ST.
JACKSONVILLE, FL 32206

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

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

6. Name and Address of Current Registered Agent
PETERSON, RONALD
2319 COSTA VEDRA BLVD.
JACKSONVILLE, FL 32250

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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P PETERSON, RONALD R 2319 COSTA VEDRA BLVD JACKSONVILLE BCH,FL0,
VTS PETERSON, PATRICIA B 2319 COSTA VEDRA BLVD JACKSONVILLE BCH,FL0,
V WILLIS, JAMES RICHARD 1151 MAIN ST. JACKSONVILLE, FL
Delete
Delete
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
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] 1/7/04 904/353090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01-12-2004 90026 037 ***158.75

24001114



01062004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1589035 Applied For
Not Applicable

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