

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 08, 2004 08:00 AM Secretary of State

	731111071	<u> </u>		n •	Secretary	v oi State 🗀
1. Entity Nam	MENT # 511526 AUTO FLEA MARKET, INC.				,	
Principal Place of Business Mailing Address						
6852 W. HILLSBOROUGH 6852 W. HILLSBOROUGH						
TAMPA, FL 33634-5002 TAMPA, FL 33634-5002						
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				02242004 No Chg-P CR2E034 (10/03)		
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DO NOT WHILE IN TIME OF A			~_	4. FEI Numb		Applied For
				59-181		Not Applicable
				5. Certificate	e of Status Desired	\$8.75 Additional Fee Required
	6 Name and Address of Current Dec	interest Amount	1		A. P	Lee vednitea
	6. Name and Address of Current Rec	istered Agent		Service and the service and	=. <u></u>	· · · · · · · · · · · · · · · · · · ·
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SAUER, ROBERT E 6852 W. HILLSBOROUGH AVE.			DO NOT WRITE			
TAMPA, FL 33634-5002			INI THE COACE			
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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 to					DATE	
					T	. <u>401.11</u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 G. Election Campaign Finant Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees		
10.	OFFICERS AND DIF	ECTORS	4		** *: *: *: * * * * * * * * * * * * * *	
TITLE	P				U00000081209 03/08/04-80140-0	
NAME	CUSHING, JOHN R				03/08/04-80140-0	312 150.00
STREET ADDRESS	18703 GERACI ROAD		4			
CITY-ST-ZIP	LUTZ, FL					
INTE	D		1			
NAME	CUSHING, JOHN R		I			
STREET ADDRESS	18703 GERACI ROAD					
CITY-ST-ZIP	LUTZ, FL		I			
TITLE	VS					
NAME	SAUER, ROBERT					
STREET ADDRESS	6114 SCHOONER WAY	1	DO NOT WOITE			
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TITLE	D		1	181	THE CDACE	•
NAME	SAUER, ROBERT		ſ	III	THIS SPACE	*
STREET ADDRESS	6114 SCHOONER WAY					
CITY-ST-ZIP	TAMPA, FL					
TITLE						
NAME		·				
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CITY-ST-ZIP						
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indicated	cerury that the information supplied with this I on this report or supplemental report is tru	s ming does not qualify for the exe e and accurate and that my signa	mption stated in Se ture shall have the	ection 119.07(3) same legal effe	(ii), Florida Statutes. I further cert ct as if made under oath: that I a	try that the information am an officer or director
12. I hereby certify that the information supplied with this string 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 of 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 reserver 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 attainment with an address with all other like empowered.						
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