## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

SIGNATURE AND TYPE

## May 11, 2001 8:00 am Secretary of State **DOCUMENT # 607499** 1. Entity Name JAMES' AUTO ROAD SERVICES, INC. 05-11-2001 90035 005 \*\*\*150.00 Mailing Address Principal Place of Business 1044 26TH ST 1044 26TH ST W PALM BCH FL 33407 W PALM BCH FL 33407 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1750540 Not Applicable Country 3/-Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. --6. Name and Address of Current Registered Agent Name LITTLE, JAMES Street Address (P.O. Box Number is Not Acceptable) **1044 26TH STREET** WEST PALM BEACH FL 33407 Zip Code City .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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9.1 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE LITTLE, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 1044 26TH STREET CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL SDTV ☐ Change ☐ Addition ☐ Delete TITLE LITTLE, OLA NAME = NAME **1044 26TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL TITLE ☐ Change ☐ Addition - Delete ---TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ! ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST-ZIP CITY-ST-71P ify 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 his 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 ration 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 Block 12 if indicated

OFFICER OR DIRECTOR