

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90012 044 \*\*\*550.00

**DOCUMENT # H03405**

1. Entity Name  
**AUTO SERVICE CONTRACT COMPANY, INC.**



Principal Place of Business

Mailing Address

631 US HWY ONE SUITE 405  
 405  
 NO PALM BEACH FL 33408  
 US

631 US HWY ONE SUITE 405  
 405  
 NO PALM BEACH FL 33408-4621  
 US

2. Principal Place of Business

3. Mailing Address

1200 A Shibumy Cir  
 Suite, Apt. #, etc.

1200 A Shibumy Cir  
 Suite, Apt. #, etc.

City & State

City & State

WPB, FL

West Palm Beach FL

Zip  
 33415

Country

Zip  
 33415

Country

4. FEI Number **59-2407410**

Applied For

Not Applicable

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

MANERA, RONALD J.  
 631 US HWY ONE, #307  
 405  
 NORTH PALM BEACH FL 33408

Name  
 Ronald Joe Manera

Street Address (P.O. Box Number is Not Acceptable)  
 2608 North Dixie Hwy 2nd Floor

City  
 West Palm Beach FL Zip Code  
 33407

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P  
 MANERA, RONALD J.  
 631 US HWY ONE #405  
 N. PALM BCH. FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 V  
 MANERA, JOE  
 631 US HWY 1 #405  
 N. PALM BCH. FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 STD.  
 LANCIANESE, SANDI  
 631 US HWY ONE SUITE 405  
 N PALM BEACH FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
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☐ Delete

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sandi Lancianese*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sandi Lancianese* 4.26.00  
 Date

541 842-1665  
 Daytime Phone #

CR2E034 (9/99)