APR-26-01 12:44 PM Jacquelyn R Campbell CPA 3

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90627 018 ***150.00

DOCUMENT # H17909

1. Entity Name

AUTO-SPA, INC

V0069083

Principal Place of Business	Mailing Address
4144 THUNDERBIRD AVE SPRING HILL, FL 34606	4144 THUNDERBIRD AVE SPRING HILL, FL 34606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 18975 W HWY 328	3. Mailing Address: 18975 W HWY 328
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUNNELLON FL	City & State: DUNNELLON FL
Zip: 34432 Country: USA	Zip: 34432 Country: USA

4. FEI Number: 59-2441460 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FACKELMAN, JOHN C.
4144 THUNDERBIRD AVE
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): 18975 W HWY 328
City: DUNNELLON FL Zip Code: 34432

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	DP FACKELMAN, JOHN C. 4144 THUNDERBIRD AVE SPRING HILL, FL 34606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18975 W WHY 328 DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: John Fackelman by Gail Fackelman 4-30-01 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE