

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87509

1. Entity Name  
AUTO-MATCH INTERNATIONAL, INC.

Principal Place of Business  
6930 BEACH BLVD.  
JACKSONVILLE FL 32216

Mailing Address  
6930 BEACH BLVD.  
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3017146

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BLACKBURN, BRYAN E.  
1921 DEWEY PLACE  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name Patrick L. Roe  
Street Address (P.O. Box Number is Not Acceptable)  
970 Fruit Cove Rd  
City Jacksonville FL Zip Code 32259

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 x *Patrick L. Roe* Patrick L. Roe x 4-20-01  
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, 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 PD  
NAME ROE, PATRICK L.  
STREET ADDRESS 970 FRUIT COVE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ST  
NAME HALL, CATHY C  
STREET ADDRESS 1313 LUCKY LN  
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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NAME  
STREET ADDRESS  
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: x *Cathy Ceim Hall* Cathy Ceim Hall x 4/18/01 904-721-0092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
May 01, 2001 8:00 am  
Secretary of State  
05-01-2001 90135 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)