2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90671 015 ***150.00

DOCUMENT # K04616

1. Entity Name
AUTO FINANCE SERVICES OF LEE COUNTY, INC.

AUU38436

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
19 ROBERT AVE LEHIGH ACRES FL 33972	19 ROBERT AVE LEHIGH ACRES FL 33972

2. Principal Place of Business	3. Mailing Address
8 TANGARINE CT	8 TANGARINE CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES FL	City & State: LEHIGH ACRES FL
Zip: 33936 Country: USA	Zip: 33936 Country: USA

4. FEI Number 65-0044618 ☐ 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
HUKIN, GEOFFREY T. 19 ROBERT AVE LEHIGH ACRES FL 33972	Name: A.B. Reynolds, Jr. Street Address (P.O. Box Number is Not Acceptable): 801 W. Leeland Hgts Blvd. City: Lehigh Acres FL Zip Code: 33936

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: A Reynolds AB REYNOLDS JR. & ASSOCIATES, P.A. 801 W. LEELAND HEIGHTS BLVD. LEHIGH ACRES, FLORIDA 33936 FI #59-1629104 (561) 204-0098 DATE: 03-08-01

Signature, typed or printed name of registered agent and title if applicable. (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	PST HUKIN, GEOFFREY T. 19 ROBERT AVE LEHIGH ACRES FL	☐ Delete	PST HUKIN, GEOFFREY T. 8 TANGERINE CT. LEHIGH ACRES, FL 33936	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUKIN, GEOFFREY T. 19 ROBERT AVE LEHIGH ACRES FL	☐ Delete	D HUKIN, GEOFFREY T. 8 TANGERINE CT. LEHIGH ACRES, FL 33936	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUKIN, GEOFFREY, T 19 ROBERT AVE LEHIGH ACRES, FL	☒ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (10/00)

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: GEOFFREY T. HUKIN 3-8-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #