	2 Uniform Busi	ness repo	ស្សា (៣	BR)	•	ം വ.ടമ		į
DOCUMENT # K42171  1. Entity Name  AUTO CLUB SOUTH FINANCIAL SERVICES, INC.					SECRETA DIVISION OF	RY OF STA	TE TIONS	į
						0 PM 4:		
Principal Pla	ace of Business	Mailing Address	<del></del>		50000559	)OCC		
ROBERT R. SHARP ROBERT R. SHARP				i	-05/23/02		-7003	
1515 N. WESTSHORE BLVD. 1515 N. WESTSHORE BLV			D.		****661.	25 ****	150.00	
TAMPA FL 3	3607	TAMPA FL 33607		İ	I ARRIGANI DIA BERTA ATRA SERVI CORRA SUR	FORS BARRA BARRA BARRA	LLESS &1011 (188)	
2. Principal	Place of Business	3. Malling Address	·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	ate	City & State			4. FEI Number 59-2955503		pplied For ot Applicable	7
Žip	Country	Zip · · · ·	Country	-	5. Certificate of Status Desired	\$8.75 Ad	ditional	1
	6. Name and Address of Current R	egistered Agent	्ट हर		7. Name and Address of Hew Register	red Agent		1
CHADD (	Robert A.		Nan	ne				1
•	WESTSHORE BLVD.		Stre	et Address (P	O. Box Number is Not Acceptable)			7
TAMPA F				·				1
			City			FL Zip Cod	Ð	
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered offic	e or registere	d agent, or both, in the State of Florida.			
SIGNATURE								1
	Signature, typed or printed name of registered agent an	o title if applicable. (NOTE:	Registered Agent s	ignature required w	rhèn reinstating) DA	TE	<del></del> .	
9. This corp	Signature, typed or printed name of registered agent an coration is eligible to satisfy its intangible	title if applicable. (NOTE:		·······	<del></del>	<u> </u>		
Tax filing	Signature, typed or printed name of registered agent an	1	FEE IS \$1 2 Fee will be	50.00 \$550.00	10. Election Campaign Financing Trust Fund Contribution	\$5.0	O May Be	
Tax filing (See crite	Signature, typed or printed name of registered egent an coration is eligible to satisfy its intangible requirement and elects to do so, oria on back)  OFFICERS AND D	FILE NOW!!! After May 1, 2002 Make Check Payabk RECTORS	FEE IS \$1 2 Fee will be e to Departn	50.00 \$550.00	10. Election Campaign Financing Trust Fund Contribution	S5.0 Added	to Fees	
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Tax filing (See crite	Signature, typed or printed name of registered egent an coration is eligible to satisfy its Intangible requirement and elects to do so. Infa on back)  OFFICERS AND D  P SHARP, ROBERT R.	FILE NOW!!! After May 1, 2002 Make Check Payabk RECTORS	FEE IS \$1 2 Fee will be e to Departn	50.00 • \$550.00 nent of State	Election Campaign Financing     Trust Fund Contribution.	S5.0 Added	I to Fees S IN 11	34 (9/01)
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Tex filing (See crite  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered egent an orgation is eligible to satisfy its Intangible requirement and elects to do so. Infa on back)  OFFICERS AND D  P SHARP, ROBERT R. 18710 PEPPER PIKE LANE LUTZ FL 33549	FILE NOW!!! After May 1, 2002 Make Check Payabk RECTORS	FEE IS \$1 2 Fee will be to Departing 12.  ITLE NAME STREET ADDRE CITY-ST-ZIP  TITLE	50.00 • \$550.00 nent of State	Election Campaign Financing     Trust Fund Contribution.	S5.0 Added	I to Fees S IN 11	CR2E034 (9/01)
Tax filing (See crite  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered egent an ordation is eligible to satisfy its Intangible requirement and elects to do so.  OFFICERS AND D  P SHARP, ROBERT R. 18710 PEPPER PIKE LANE LUTZ FL 33549  V O'BRIEN, THOMAS E.	FILE NOW!!! After May 1, 2002 Make Check Payable RECTORS  Delete	FEE IS \$1 2 Fee will be to Departm 12. 117. 117.E NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	50.00 \$550.00 nent of State	10. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS	S5.0 Added	S IN 11 Addition	CR2E034 (9/01)
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13. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. O'Brien

3/25/02

813-289-5905

Daytime Phone #