

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90128 037 ***150.00

0070277 AV

DOCUMENT # **K74992**

1. Entity Name
UNIVERSITY AUTO BROKERS, INC.



Principal Place of Business
**3432 N.-MAIN ST.
GAINESVILLE FL 32609
US**

Mailing Address
**3432 N. MAIN ST.
GAINESVILLE FL 32609
US**



2. Principal Place of Business
320 NE 33 AVE

3. Mailing Address
320 NE 33 AVE

Suite, Apt. #, etc.
E

Suite, Apt. #, etc.
E

CHECK HERE IF MAKING CHANGES

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

4. FEI Number **59-2942828**

Applied For
Not Applicable

Zip
32609

Country
FLORIDA

Zip
32609

Country
FLORIDA

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

**STEADHAM, JOHN M.
527 EAST UNIVERSITY AVE
GAINESVILLE FL 32602**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DP**
STREET ADDRESS **BEVILLE, ROBERT J.**
CITY-ST-ZIP **3432 N. MAIN ST.
GAINESVILLE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)

Attachment #

UNIVERSITY AUTO BROKERS, INC.

320 N.E. 33 AVE (E) GAINESVILLE FL 32609

Office 1-352-371-2277 Cell 1-352-284-1047

90133964

K74992

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. Box 1500
TALCAHASSEE, FL 32302-1500

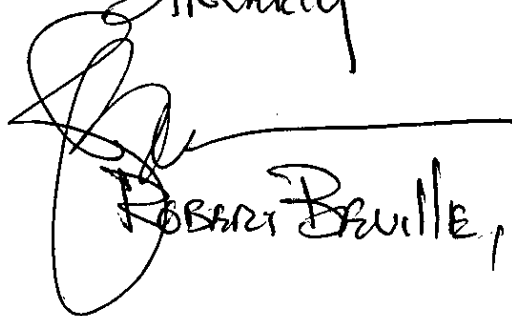
5/8/03

TO WHOM IT MAY CONCERN;

PLEASE ACCEPT THIS CHECK AND MY
APOLOGY FOR FILING LATE. I MOVED MY OFFICE
AND I JUST FOUND THE FILING FORM. MY NEW
ADDRESS IS 320 NE 33 AVE suite E,
GAINESVILLE, FL 32609

THANK YOU FOR YOUR CONSIDERATION.

Sincerely



ROBERT BRULLE, Pres.