

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-01-2002 90063 031 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007205

1. Entity Name

BRUCE JONES AUTO SALES, L.C.

Principal Place of Business

2550A 54TH AVENUE NORTH
ST. PETERSBURG FL 33714

Mailing Address

2550A 54TH AVENUE NORTH
ST. PETERSBURG FL 33714

2. Principal Place of Business

513 89th Avenue North
Suite, Apt. #, etc.

3. Mailing Address

513 89th Avenue North
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3665119

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

Zip

Country

Zip

Country

33702

USA

33702

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, BRUCE K
2550A 54TH AVENUE NORTH
ST. PETERSBURG FL 33714

Name
Carolynn Jones

Street Address (P.O. Box Number is Not Acceptable)
513 89th Avenue North

City
St Petersburg

FL Zip Code
33702

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 *Carolynn Jones*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3-20-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, BRUCE K 513 89TH AVENUE N. ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, CAROLYNN 513 89TH AVENUE N. ST PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Carolynn Jones* CAROLYNN JONES, Manager 3-20-02 727 515 5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)

Attachment
24792

STATEMENT OF DESIGNATING REGISTERED AGENT AND OFFICE #L0000007205

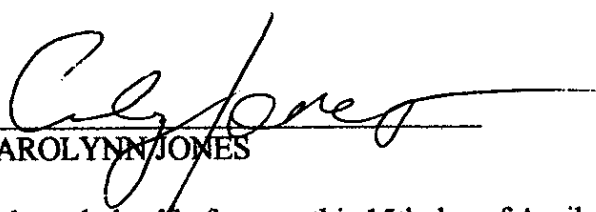
State of Florida
County of Pinellas

Pursuant to the provisions of Section 608.407 (1) (d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the registered agent for BRUCE JONES AUTO SALES, L.C. is Carolynn Jones, and the street address of the company's registered agent is 513 89th Avenue North, St. Petersburg, Florida, 33702.

This statement is to acknowledge that, as indicated above, BRUCE JONES AUTO SALES, L.C. has appointed me, Carolynn Jones, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: April 15, 2002


CAROLYNN JONES

The foregoing instrument was acknowledged before me this 15th day of April, 2002 by Carolynn Jones, agent on behalf of BRUCE JONES AUTO SALES, L.C., a limited liability company. She is personally known to me or has produced a Florida's Driver's License as identification.


NOTARY PUBLIC - State of Florida

