

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90714 045 ***150.00

DOCUMENT # <u>L31443</u>
1. Entity Name <u>ADVANCED AUTO PROTECTION, INC.</u>



DO NOT WRITE IN THIS SPACE

11039546

2. Principal Place of Business <u>10320 COME GROVE RD.</u>	3. Mailing Address <u>10320 COME GROVE RD.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>RIVERVIEW FL.</u>	City & State <u>RIVERVIEW, FL.</u>	4. FEI Number <u>59-3017252</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33569</u>	Country	Zip <u>33569</u>	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>STEVE WILLIAMS</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>10320 COME GROVE RD.</u>	
	City <u>RIVERVIEW</u>	FL Zip Code <u>33569</u>

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 [Signature] DATE 4/29/03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>STEVE WILLIAMS</u> <u>10320 COME GROVE RD.</u> <u>RIVERVIEW, FL. 33569</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/29/03 (813)629-7176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)