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2002 Uniform Business Report (UBR)

Mar 29, 2002 8:00 am DOCUMENT # L86483 **Secretary of State** 1. Entity Name AUTO SEARCH AMERICA, INC. 03-29-2002 90197 050 ***150.00 Principal Place of Business Mailing Address 541 WARRENTON RD P. O. BOX 4892 WINTER PARK FL 32792 WINTER PARK FL 32793 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3065138 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANLEY, JACK Street Address (P.O. Box Number is Not Acceptable) 541 WARRENTON RD WINTER PARK FL 32792 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 MANLEY, JACK NAME NAME 541 WARRENTON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANLEY, JACK NAME NAME **541 WARRENTON RD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 of 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.

3-18-02 407-679-6736
Date Daytime Phone *