

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

05-27-2003 90056 017 ***150.00
L94000000528

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -4 AM 8:48

DOCUMENT # L94000000528			
1. Entity Name FT PIERCE AUTO AUCTION L.C.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4116 ST LUCIE BLVD Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State FT PIERCE, FL		City & State	
Zip 34946	Country USA	Zip	Country
4. FEI Number 65-0530693		Applied For <input type="checkbox"/> Not Applicable	
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 CHARLES R STEPTER JR			
Street Address (P.O. Box Number is Not Acceptable) 170 E. WASHINGTON ST			
City ORLANDO		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1: Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAYMOND C NICHOLS 802A BELAIR ROAD BELAIR, MD 21014-0516	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM RESID TR U/W ELAINE NICHOLS 802A BELAIR RD BELAIR, MD 21014-0516	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 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: <u>Raymond Nichols - Managing Member</u> 5/15/03 410-803-4100			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034B (12/02)