

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003407

1. Entity Name

AUTO ADVISOR SERVICES, LLC

FILED

2001 APR 27 PM 3:00

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2266 LANGLEY CIRCLE ORLANDO FL 32835	Mailing Address 2266 LANGLEY CIRCLE ORLANDO FL 32835
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3547715	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLDBERG, WILLIAM H 2266 LANGLEY CIRCLE ORLANDO FL 32835

7. Name and Address of New Registered Agent	
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDBERG, WILLIAM H 2266 LANGLEY CIRCLE ORLANDO FL 32835 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PESCATORE, STEVEN R 2266 LANGLEY CIRCLE ORLANDO FL 32835 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004217804 ☐ Addition -05/15/01--01103--016 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: William H. Goldberg (William H. Goldberg) 04/24/01 407.296.9294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)