
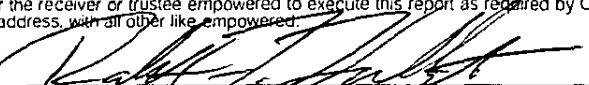


FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90160 005 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003922			
1. Entity Name Jacksonville Parts & Service Toyota Dealer Advertising Association, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 470 Columbia Drive Suite, Apt. #, etc. G-101 City & State West Palm Beach, FL Zip 33409		3. Mailing Address 470 Columbia Drive Suite, Apt. #, etc. G-101 City & State West Palm Beach, FL Zip 33409	
		4. FEI Number 59-3583571	
		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 Vincent M. Gendusa	
		Street Address (P.O. Box Number is Not Acceptable) 470 Columbia Drive, G-101	
		City West Palm Beach FL Zip Code 33409	
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 		Vincent M. Gendusa, CPA 4/4/02	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
President/Director Robert Hurlbert 10939 Atlantic Boulevard Jacksonville, FL 32255			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Vice President/Secretary/Director Kevin Klauss 10564 Phillips Highway Jacksonville, FL 32256			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Treasurer/Director Al Harris 310 Cassat Avenue Jacksonville, FL 32205			
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/5/2002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037B (12/01)