

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 90733 043 ***150.00

0075592 AV

DOCUMENT # P00000006004

1. Entity Name

AUTOMOTIVE REALTY SERVICES, INC.



Principal Place of Business

660 E. HWY. 434, SUITE B

WINTER SPRINGS FL 32708

Mailing Address

660 E. HWY. 434, SUITE B

WINTER SPRINGS FL 32708

40000700



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3306821

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPROUSE, MICHAEL

660 E. HWY. 434, SUITE B

WINTER SPRINGS FL 32708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Delete
NAME: **D SPROUSE, MICHAEL**
STREET ADDRESS: **660 E. HWY. 434, SUITE B**
CITY-ST-ZIP: **WINTER SPRINGS FL 32708**

TITLE: ☐ Change ☐ Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: ☐ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: ☐ Change ☐ Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: ☐ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: ☐ Change ☐ Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: ☐ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS: _____
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CITY-ST-ZIP: _____

TITLE: ☐ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2003

Date

Daytime Phone #

CR2E034 (10/02)