

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P000000018890**

1. Entity Name

NEW 2 YOU AUTOS, INC.

Principal Place of Business

8779 103rd Street  
Jacksonville, FL 32210

Mailing Address

103rd Street  
Jacksonville, FL 32210

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-3627952

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

JAMES K. PRINGLE, SR.  
426 Cedar Creek Road  
Palatka, FL 32177

## 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE **President** ☐ DeleteNAME **Rita S. Pringle**  
STREET ADDRESS **315 Scenic Point Lane**  
CITY-ST-ZIP **Orange Park, FL 32003**TITLE **Vice-President** ☐ DeleteNAME **Michael D. Fowler**  
STREET ADDRESS **350 Manson Lane**  
CITY-ST-ZIP **Jacksonville, FL 32220**TITLE **Secretary/Treasurer** ☐ DeleteNAME **James K. Pringle, Sr.**  
STREET ADDRESS **315 Scenic Point Lane**  
CITY-ST-ZIP **Orange Park, FL 32003**TITLE ☐ DeleteNAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ DeleteTITLE ☐ DeleteNAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ DeleteTITLE ☐ DeleteNAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ AdditionNAME **Rita S. Pringle**  
STREET ADDRESS **426 Cedar Creek Road**  
CITY-ST-ZIP **Palatka, FL 32177**TITLE ☐ Change ☐ AdditionNAME ☐ Change  
STREET ADDRESS ☐ Addition  
CITY-ST-ZIP ☐ AdditionTITLE **Secretary/Treasurer** ☒ Change ☐ AdditionNAME **James K. Pringle, Sr.**  
STREET ADDRESS **426 Cedar Creek Road**  
CITY-ST-ZIP **Palatka, FL 32177**TITLE ☐ Change ☐ AdditionNAME ☐ Change  
STREET ADDRESS ☐ Addition  
CITY-ST-ZIP ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change  
STREET ADDRESS ☐ Addition  
CITY-ST-ZIP ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change  
STREET ADDRESS ☐ Addition  
CITY-ST-ZIP ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James K. Pringle, Sr.****James K. Pringle, Sr.****7/18/2001 904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00059457

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)