

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000023145**1. Entity Name
AUTO A TO Z, INC.Principal Place of Business
5700 MEMORIAL HWY., STE. 111Mailing Address
P.O. BOX 261147TAMPA FL TAMPA FL
33685 336852. Principal Place of Business
5700 MEMORIAL HWY., STE. 111

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL

City & State

4. FEI Number
59-3648383Applied For
Not ApplicableZip Country
33615

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**O'BLANDER LARRY A
5700 MEMORIAL HWY., STE. 111TAMPA FL
33685

Name

OBLANDER LARRY A

Street Address (P.O. Box Number is Not Acceptable)
5700 MEMORIAL HWY., STE. 111City
TAMPAFL Zip Code
33615

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 **LARRY A OBLANDER****04/25/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP D FLORES DAMARIS
5700 MEMORIAL HWY., STE. 111
TAMPA FL 33615TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP D PALCHER BOB
5700 MEMORIAL HWY., STE. 111
TAMPA FL 33685TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP D PALCHER ROBERT
5700 MEMORIAL HWY., STE. 111
TAMPA FL 33615TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP D CLARK TERRY
5700 MEMORIAL HWY., STE. 111
TAMPA FL 33685TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP D CLARK TERRY S
5700 MEMORIAL HWY., STE. 111
TAMPA FL 33615TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP D MASSA C. ROGER
5700 MEMORIAL HWY., STE. 111
TAMPA FL 33685TITLE ☒ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP D CREGER ROBERT
5700 MEMORIAL HWY., STE. 111
TAMPA FL 33615

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: DAMARIS FLORES

D

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)