

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90392 049 ***150.00

DOCUMENT # P00000051168

1. Entity Name
ST. JAMES AUTOMOTIVE, INC.

Principal Place of Business

**2867 OLEANDER STREET
 ST. JAMES CITY FL 33956**

Mailing Address

**2867 OLEANDER STREET
 ST. JAMES CITY FL 33956**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1082168

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CONRAD, RICHARD J
 2867 OLEANDER STREET
 ST. JAMES CITY FL 33956**

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

Richard Conrad

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, 2002 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 | P | <input type="checkbox"/> Delete |
| NAME | CONRAD, RICHARD J | |
| STREET ADDRESS | 2867 OLEANDER STREET | |
| CITY-ST-ZIP | SAINT JAMES CITY FL 33956 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | YAGMIN, WILLIAN J | |
| STREET ADDRESS | 2867 OLEANDER STREET | |
| CITY-ST-ZIP | SAINT JAMES CITY FL 33956 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | CONRAD, CHERYL | |
| STREET ADDRESS | 2867 OLEANDER STREET | |
| CITY-ST-ZIP | SAINT JAMES CITY FL 33956 | |
| TITLE | AVP | <input type="checkbox"/> Delete |
| NAME | GREEN, BRIAN R | |
| STREET ADDRESS | 5220 PINE ISLAND ROAD | |
| CITY-ST-ZIP | BOKEELIA FL 33922 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | MURPHY, TIMOTHY J | |
| STREET ADDRESS | 5220 PINE ISLAND ROAD | |
| CITY-ST-ZIP | BOKEELIA FL 33922 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | BAILEY, JAN | |
| STREET ADDRESS | 2867 OLEANDER STREET | |
| CITY-ST-ZIP | SAINT JAMES CITY FL 33956 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dan Hanson | |
| STREET ADDRESS | 5220 Pine Island Rd | |
| CITY-ST-ZIP | Bokeelia FL 33922 | |
| TITLE | AT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sandra Smith | |
| STREET ADDRESS | 2867 Oleander Street | |
| CITY-ST-ZIP | St James City FL 33956 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Richard Conrad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 941-283-1996

Date Daytime Phone #

CR2E034 (9/01)