

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90052 005 ***150.00

DOCUMENT # P00000058326

1. Entity Name

AUTO WHOLESALE DIRECT, INC.

Principal Place of Business

**5201 E. COLONIAL DR.
 ORLANDO FL 32807**

Mailing Address

**5201 E. COLONIAL DR.
 ORLANDO FL 32807**

2. Principal Place of Business

402 N. ORLANDO AVE.

3. Mailing Address

402 N. Orlando Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

Orange

Zip

32789

Country

Orange

4. FEI Number

59-3661894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BOWMAN, JODY D
 5201 E. COLONIAL DR.
 ORLANDO FL 32807**

New Address →

7. Name and Address of New Registered Agent

Name

(SAME) JODY D. BOWMAN

Street Address (P.O. Box Number is Not Acceptable)

402 N. Orlando Ave.

City

Winter Park, FL

FL

Zip Code

32789

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.

Jody D. Bowman, Director

(NOTE: Registered Agent signature required when reinstating)

1/9/02

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 **D** ☐ Delete
 NAME **BOWMAN, JODY D**
 STREET ADDRESS **5201 E. COLONIAL DR.**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **402 N. Orlando Ave.**
 CITY-ST-ZIP **Winter Park, FL 32789**

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

TITLE ☐ Change ☐ Addition
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 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:

JODY D. BOWMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

Date

407-629-9959

Daytime Phone #