

2003

**2002-UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000058326**

1. Entity Name

**AUTO WHOLESALE DIRECT, INC.****FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90283 018 \*\*\*150.00

Principal Place of Business XXXXXX <del>5001 E. COLONIAL DR.</del> XXXXXX Winter Park, FL 32789-4629	Mailing Address <del>5001 E. COLONIAL DR.</del> XXXXXX Winter Park, FL 32789-4629
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2. Principal Place of Business 650 Nicolet Ave. <del>402 N. Orlando Ave.</del> Suite, Apt. #, etc.	Mailing Address 650 Nicolet Ave. <del>402 N. Orlando Ave.</del> Suite, Apt. #, etc.
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City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789-4629	Zip 32789-4629
Country Orange	Country Orange

4. FEI Number 59-3661894	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BOWMAN, JODY D <del>5001 E. COLONIAL DR.</del> XXXXXX Winter Park, FL 32789-4629	New Address 650 Nicolet Ave. Winter Park, FL 32789-4629
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7. Name and Address of New Registered Agent Name (SAME) JODY D. BOWMAN Street Address (P.O. Box Number is Not Acceptable) <del>402 N. Orlando Ave.</del> XXXXXX 650 Nicolet Ave. City Winter Park, FL FL Zip Code 32789-4629
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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)	<input type="checkbox"/>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>
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10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, JODY D <del>5001 E. COLONIAL DR.</del> XXXXXX Winter Park, FL 32789-4629	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>402 N. Orlando Ave.</del> XXXXXX Winter Park, FL 32789-4629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JODY D. BOWMAN

1/9/02

Date

407-629-9959

Daytime Phone #

Attachment

90066233

~~90066233~~ 58326

Dept of State

We did not receive  
our 2003 UBR so  
we are sending last  
years copy with  
the corrections made  
on the copy and  
our check for \$150<sup>00</sup>

Thank you