## **FILED** Mar 07, 2003 8:00 am secretary of State

03-07-2003 90137 025 \*\*\*158.75

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P00000064642

DOCUMENT # 1. Entity Name



AUTO BUYING USA.COM. INC. Principal Place of Business Mailing Address 26348 US 19 NO. HWY 26348 US 19 NO. HWY **CLEARWATER FL 33761 CLEARWATER FL 33761** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3655753 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7.=Name and Address of New Registered Agent > OTENBERGER ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 3780 TAMPA RD OLDSMAR FL 34677 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent JEAN OTENBURLEUR, PRESIDENT RESIDENT OTENBERGER GNITERPHISES FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITI F ☐ Change ☐ Addition POTTS, MICHAEL NAME NAME STREET ADDRESS 416 PINEWOOD DR STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete. TITLE, - - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with a hadd

SIGNATURE:

Daytime Phone #