2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083707

1. Entity Name
NEW IMAGE AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
2903 CENTRAL AVENUE	2903 CENTRAL AVENUE
ST. PETERSBURG FL 33713	ST. PETERSBURG FL 33713

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3668978	Applied For
2903 Central Ave	Same		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State St Pete Fl	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 33713 Country Pinellas	Zip Country US		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name
FUCHS, LAWRENCE M ESQ.	Street Address (P.O. Box Number is Not Acceptable)
590 ROYAL PALM BEACH BOULEVARD	
ROYAL PALM BEACH FL 33411	
	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00 After September 10, 2003 Fee will be $750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GAINER, HERBERT		NAME			
STREET ADDRESS	2903 CENTRAL AVENUE		STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33713		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BRIDGES, SCOTT J		NAME			
STREET ADDRESS	2903 CENTRAL AVENUE		STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33713		CITY-ST-ZIP			
TITLE	STD	☐ Delete	TITLE		☑ Change	☐ Addition
NAME	SHAW, TINA B		NAME	Tina Shaw		
STREET ADDRESS	659 BROOK STREET		STREET ADDRESS	12407 92nd Ter. N		
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP	Seminole Fl 33772		
TITLE		☐ 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-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (4/03)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Herbert Gainer 7/8/03 (727) 321 9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #