

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90496 021 \*\*\*150.00

**DOCUMENT # P00000090571**

1. Entity Name  
**AUTOMOTIVE ELITE, INC.**

Principal Place of Business 5801 SOUTHWEST 54TH AVE DAVIE FL 33314	Mailing Address 5801 SOUTHWEST 54TH AVE DAVIE FL 33314
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**00023680**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0772548		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MEARS, JOHN D**  
**5801 SOUTHWEST 54TH AVE**  
**DAVIE FL 33314**

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

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEARS, JOHN D</b> <b>5801 SOUTHWEST 54TH AVE</b> <b>DAVIE FL 33314</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Mears, Anna M</b> <b>5801 SW 54 AVE</b> <b>DAVIE FL 33314</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIMPER, MICHAEL D</b> <b>7714 RALEIGH STREET</b> <b>HOLLYWOOD FL 33024</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Limper, Diane</b> <b>7714 Raleigh Street</b> <b>Hollywood FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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]* **John D. Mears** **5/3/01 954/581-8206**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)