

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90528 014 ***150.00

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DOCUMENT # P00000090571



1. Entity Name
AUTOMOTIVE ELITE, INC.

Principal Place of Business
7714 RALIEGH STREET
HOLLYWOOD FL 33024

Mailing Address
7714 RALIEGH STREET
HOLLYWOOD FL 33024



2. Principal Place of Business
7714 Raleigh ST
Suite, Apt. #, etc.
Hollywood, FL
City & State

3. Mailing Address
7714 Raleigh ST
Suite, Apt. #, etc.
Hollywood, FL
City & State

CHECK HERE IF MAKING CHANGES

Zip *33024* Country *Broward*

Zip *33024* Country *Broward*

4. FEI Number **65-0772548**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIMPER, MICHAEL
7714 RALEIGH ST
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	LIMPER, MICHAEL D
CITY-ST-ZIP	7714 RALEIGH STREET HOLLYWOOD FL 33024
TITLE	<input type="checkbox"/> Delete
NAME	T
STREET ADDRESS	LIMPER, DIANE
CITY-ST-ZIP	7714 RALEIGH STREET HOLLYWOOD FL 33024
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1-19.07(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: *Michael D. Limper* **MICHAEL D. Limper** 4-22-03 ⁹⁰⁴ 981-4058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone

CR2E034 (10/02)