2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000090602 FLEXI-AUTO SALES, INC.					Mar 05, 2002 8:00 am Secretary of State 03-05-2002 90020 023 ***150.00			
Principal Place of Business Mailing Address								
9773 S.O.B.T 9773 S.O.B.T SUITE 31 SUITE 31 ORLANDO FL 32837 ORLANDO FL								
<u>397 E</u>	Place of Business nterprise st.		77 Enterprise ST.					
Suite, Apt. #, etc. Suite H Suite H					DO NOT WRITE IN THIS SPACE			
City & Stat		City & State OCOEE, FL.			4. FEI Number 59-3671	130		plied For t Applicable
34761	Country	Zip 34761	Country		5. Certificate of Status Desir		3.75 Addi e Required	
<u> </u>	6. Name and Address of Current R				7. Name and Address of No	w Registered Age	int	
Rosa, D/ 1823 Rac	Street	Street Address (P.O. Box Number is Not Acceptable)						
OCOEE F	-R 34761	<i></i> ,	City			FL	Zip Code	,
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature. Typed or printed name of registered agent and title if applicable.					10. Election Campaig			D May Be to Fees
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO	OFFICERS AND DI	RECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSA, DAVID 1823 RACHEL'S RIDGE LOOP OCOEE FL 34761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
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indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, we	rue and accurate and that my vered to execute this report as	signature shall	have the sa	me legal effect as if made un	der oath; that I am :	an officer o	or director }

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED