

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-17-2001 91313 008 ***150.00

DOCUMENT # P00000102456

1. Entity Name

AMC AUTOMOTIVE SPECIALTIES INC.

Principal Place of Business

Mailing Address

407 S EDMON AVE
 WINTER SPRINGS FL 32708

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 WINTER SPRINGS FL 32708

2. Principal Place of Business

1055 NURSERY RD #109
 WINTER SPRINGS FL 32708

3. Mailing Address

407 S EDMON AVE
 WINTER SPRINGS FL 32708

City & State

City & State

WINTER SPRINGS FL

4. FEI Number

59-3643534

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, MICHAEL R
 407 S EDMON AVE
 WINTER SPRINGS FL 32708

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PRESIDENT | <input type="checkbox"/> Delete |
| NAME | MICHAEL R MILLER | |
| STREET ADDRESS | 407 S EDMON AVE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Delete |
| NAME | CYNTHIA MILLER | |
| STREET ADDRESS | 407 S EDMON AVE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | SECRETARY | <input type="checkbox"/> Delete |
| NAME | CYNTHIA MILLER | |
| STREET ADDRESS | 407 S EDMON AVE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | TREASURY | <input type="checkbox"/> Delete |
| NAME | MICHAEL R MILLER | |
| STREET ADDRESS | 407 S EDMON AVE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | STATORY AGENT | <input type="checkbox"/> Delete |
| NAME | CYNTHIA MILLER | |
| STREET ADDRESS | 407 S EDMON AVE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL R MILLER

Date

Daytime Phone #

5-10-01

CR2004 (10/00)