FILED
May 29, 2003 8:00 am
Secretary of State
05-29-2003 90541 001 ***150.00
05-29-2003 90541 002 *****8.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106168

1. Entity Name
ALWAYS AUTO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 4043 APALACHEE PARKWAY	Suite, Apt. #, etc.: 4043 APALACHEE PARKWAY
City & State: TALLAHASSEE FL	City & State: TALLAHASSEE, FL
Zip: 32311 Country:	Zip: 32311 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3685707 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FREDERICK D. JONES

Street Address (P.O. Box Number is Not Acceptable): 4043 APALACHEE PARKWAY

City: TALLAHASSEE FL Zip Code: 32311

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	DIRECTOR	TITLE	
NAME	JONES, FREDERICK D.	NAME	
STREET ADDRESS	5283 TROUT TRAIL	STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE, FL 32311	CITY - ST - ZIP	
TITLE	DIRECTOR	TITLE	
NAME	NARLOCH, II ROBERT J.	NAME	
STREET ADDRESS	2527 CHUMLEIGH CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CR2E034B (12/02)

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

SIGNATURE: Robert J Narloch II ROBERT J NARLOCH II 4-29-03 850-878-9297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32361F.1