## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P0 | 000002396

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90082 004 \*\*\*150.00

1. Entity Name NATIONAL AUTO-DOC, INC. DO NOT WRITE IN THIS SPACE H0093348 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 300 4. FEI Mumber City & State Applied For avderdale F Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 755 E Oakland Pk Blvd. # 300 8. The above named entity submits statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or finited ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1, Fee is \$150.00 --9. This corporation is eligible to satisfy its intangible After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE (12/01) Robert Schnell 2755 E. Oakbard Pk. Blud. # 300 NAME NAME: STREET ADDRESS STREET ADDRESS fanderdale Fr 38306 CITY-ST-ZIP CITY\_ST-ZIP TITLE TITLE-DAVE LAWE NAME NAME .... 755 E. Oakland PK. Blod. #300 STREET ADDRESS STREET ADDRESS Conderdale 71. 33306 CITY-ST-ZIP CITY-ST-ZIP #: TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE NAME NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 3 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP 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 use 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 on an attachment with an address, with all other the empowered.

SIGNATURE: