

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000002396

1. Entity Name  
NATIONAL AUTO-DOC, INC.



**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90068 022 \*\*\*150.00

0331838 AV

Principal Place of Business  
2755 E. OAKLAND PARK  
SUITE 303  
FT. LAUDERDALE FL 33306

Mailing Address  
2755 E. OAKLAND PARK  
SUITE 303  
FT. LAUDERDALE FL 33306



2. Principal Place of Business  
c/o 2755 E. Oakland Pk. Blvd.

3. Mailing Address  
Suite, Apt. #, etc.  
Suite 300

City & State  
Ft. Lauderdale FL

City & State  
Ft. Lauderdale FL

Zip  
33306

Country  
USA

Zip  
33306

Country  
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1073454

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LANE, PAUL J.  
2755 E. OAKLAND PARK  
SUITE 303  
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent  
Name PAUL J. LANE  
Street Address (P.O. Box Number is Not Acceptable)  
2755 E. Oakland Pk. Blvd. # 300  
City Ft. Lauderdale FL Zip Code 33306

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 DATE 4-23-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	LANE, PAUL J	2755 E. OAKLAND PARK	FT. LAUDERDALE FL 33306	<input type="checkbox"/>
PD	SCHNELL, ROBERT	2755 E OAKLAND PK BLVD # 300	FORT LAUDERDALE FL 33306	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE OF PAUL J. LANE VP

4-23-03 954-566-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)