

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90033 005 ***158.75

DOCUMENT # P01000006091

1. Entity Name

U-AUTO FINANCE, INC.



Principal Place of Business

4065 S. MILITARY TRAIL
LAKE WORTH FL 33463

Mailing Address

4065 S. MILITARY TRAIL
LAKE WORTH FL 33463

2. Principal Place of Business

4065 S. MILITARY TRAIL

Suite, Apt. #, etc.

3. Mailing Address

601 South Seas Drive

Suite, Apt. #, etc.

202

City & State

LAKE WORTH, FL

City & State

Jupiter, FL

Zip

33463

Country

USA

Zip

33477

Country

USA

4. FEI Number

65-1070942

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

LAZZARA, ANTHONY SAM
4065 S. MILITARY TRAIL
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

ANTHONY SAM LAZZARA

Street Address (P.O. Box Number is Not Acceptable)

601 South Seas Drive

City

Jupiter

FL

Zip Code

33477

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

2/24/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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	DP	<input type="checkbox"/> Delete
NAME	LAZZARA, ANTHONY SAM	
STREET ADDRESS	4065 S. MILITARY TRAIL	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FEDO, ROMAN W	
STREET ADDRESS	4065 S MILITARY TRAIL	
CITY-ST-ZIP	LAKE WORTH FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres/CEO/OP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	601 S. Seas Drive	
STREET ADDRESS	Jupiter, FL 33477	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06

Date

561-861-0410

Daytime Phone #