

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90303 037 ***158.75

DOCUMENT # P01000013574

1. Entity Name
AUTO SOURCE OF JAX, INC.

Principal Place of Business
**9007 ATLANTIC BLVD.
 JACKSONVILLE FL 32211**

Mailing Address
**9007 ATLANTIC BLVD.
 JACKSONVILLE FL 32211**



2. Principal Place of Business
9007 ATLANTIC Blvd

3. Mailing Address
9007 ATLANTIC Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE

City & State
FL

4. FEI Number
59-3695151

Applied For
☐ Not Applicable

Zip
32211

Country
DUVAI

Zip
32211

Country
DUVAI

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

6. Name and Address of Current Registered Agent

**GEORGOPOULOS, NICHOLAS G
 3645 MENTE STREET
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **RHONDA Y SANDERS**

Street Address (P.O. Box Number is Not Acceptable)
1763 PRONGHORN CT

City **JACKSONVILLE**

FL

Zip Code **32225**

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]**

3-4-02

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, 2002 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 **PD**
 NAME **GEORGOPOULOS, NICHOLAS G**
 STREET ADDRESS **3645 MENTE STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

☐ Delete

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **(PD) RHONDA Y SANDERS**
 NAME **1763 PRONGHORN CT**
 STREET ADDRESS **JACKSONVILLE FL 32225**

☒ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-04-02 904 220-9222

Date

Daytime Phone #

CR2E034 (9/01)