2002 UNIFORM BUSINESS REPORT (UBR)

Jun 11, 2002 8:00 am Secretary of State P01000022935 **DOCUMENT #** 05-19-2002 90168 014 ***150.00 1. Enlity Name AUTODRIVE OF TAMPA, INC. Principal Place of Business Mailing Address 1711 W WATERS AVE 1711 W WATERS AVE TAMPA FL 33614 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Numbe Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, ALTON M JR Street Address (P.O. Box Number is Not Acceptable) 1711 W WATERS AVE TAMPA FL 33614 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 мау ве (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE NAME ROJO, SHANNON H ☐ Addition NAME STREET ADDRESS 1711 W WATERS AVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33614** CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Addition NAME ROJO, ANTHONY NAME STREET ADDRESS 1711 W WATERS AVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33614 CITY-ST-ZIP TITLE uurê - - -☐ Change ☐ Addition NAME NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

☐ Delete

☐ Change

☐ Addition

(9/01)

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FILED