# FILED
# Apr 07, 2003 8:00 am
# Secretary of State

04-07-2003 90138 017 ***150.00

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## FOR PROFIT CORPORATION
## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040566

1. Entity Name

AUTOMOTIVE SERVICES INC.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5726 CORTEZ RD WEST | 5726 CORTEZ RD W |
| Suite, Apt. #, etc. UNIT 254 | Suite, Apt. #, etc. UNIT 254 |
| City & State BRADENTON FLA | City & State BRADENTON FLA |
| Zip 34210 Country USA | Zip 34210 Country USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-[illegible] ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA P.A.

Street Address (P.O. Box Number is Not Acceptable) 33 ALMERIA AVE

City CORAL GABLES, FL 33134

City | State | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature required when filing to reinstate registered agent/office in Florida. NOTE: Registered Agent is required to be designated when filing.

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE P<br>NAME S T<br>STREET ADDRESS WALMSLEY, EDWARD<br>CITY-ST-ZIP 5726 CORTEZ RD WEST UNIT 254<br>BRADENTON, FLA 34210 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>DO NOT WRITE IN THIS SPACE |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE E Walmsley E WALMSLEY 4/1/03 941-713 2127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #