FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040571

1. Entity Name

Automotive Services and Personnel, Inc.

FILED
02 SEP -3 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400007675704--2
-08/12/02--01008--030
****150.00 ****150.00
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2. Principal Place of Business	3. Mailing Address
1607 TAMPA PALMS Blvd.	1607 TAMPA PALMS Blvd.
Suite, Apt. #, etc. UNIT 299	Suite, Apt. #, etc. UNIT 299
City & State TAMPA FLA	City & State TAMPA
Zip 33647 Country USA	Zip 33647 Country USA

4. FEI Number 65 108 2854 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Spiegel & Uterra P.A.

Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue

City: Coral Gables, FL 33134 — **FL** — 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 _____ DATE

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD EDWARD WALMSLEY 5726 CORTEZ RD W UNIT 254 BRADENTON, FL 34210
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/20/02

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

ph 9/3/02