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Secretary of State

04-07-2003 90138 018 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040571

1. Entity Name
AUTOMOTIVE SERVICES @ PERSONNEL INC.

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65 108 2854 — 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: SPIEGOL CUTRA P.A

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

City: CORAL GABLES FLA FL Zip Code: 33134

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

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	WALMSLEY EDWARD
STREET ADDRESS	5726 CORTEZ Rd WEST UNIT 254
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 0656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #