2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90115 018 ***150.00

DOCUMENT # P01000050537

1. Entity Name
A & M AUTOMOTIVE OF SARASOTA, INC.

Principal Place of Business	Mailing Address
7621 15TH STREET E UNIT 1F SARASOTA FL 34243	7621 15TH STREET E UNIT 1F SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7050 15th. St. E.	7050 15th. St. E.
Suite, Apt. #, etc. Unit 1	Suite, Apt. #, etc. Unit 1
City & State Sarasota, Fl.	City & State Sarasota, Fl.
Zip 34243 Country	Zip 34243 Country

4. FEI Number 58.2358536 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUTLER, MELISSA 6873 CORRAL CIR SARASOTA FL 34243	Name Street Address (P.O. Box Number is Not Acceptable) City **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 ______________________________
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, ALEJANDRO 6873 CORRAL CIR SARASOTA FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BUTLER, MELISSA 6873 CORRAL CIR SARASOTA FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Alejandro Gonzalez Alejandro Gonzalez 4.24.02 941.753.4584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #