

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90140 001 ***150.00

DOCUMENT # P01000052507

1. Entity Name
AUTO ADVANTAGE OF CENTRAL FLORIDA INC.

Principal Place of Business
5865 RIVERSIDE DR
PORT ORANGE FL 32127

Mailing Address
5865 RIVERSIDE DR
PORT ORANGE FL 32127



2. Principal Place of Business
5460 S. Ridgewood Ave
 Suite, Apt. #, etc.

3. Mailing Address
5460 S. Ridgewood Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port Orange, FL
Zip
32127

City & State
Port Orange, FL
Zip
32127

4. FEI Number
59-3697734

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCES, RAFAEL A
5865 RIVERSIDE DR
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RAFAEL A. GARCES 5865 RIVERSIDE DR. PORT ORANGE, FL 32127	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ARTHUR L. MAKKEY JR. 6100 SUMMERLAKE DR. PORT ORANGE, FL 32127	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RAFAEL A. GARCES 5865 RIVERSIDE DR. PORT ORANGE, FL 32127	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT. ARTHUR L. MAKKEY JR. 6100 SUMMERLAKE DR. PORT ORANGE, FL 32127	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. RAFAEL A. GARCES 5865 RIVERSIDE DR. PORT ORANGE, FL 32127	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARTHUR L. MAKKEY JR. 6100 SUMMERLAKE DR. PORT ORANGE, FL 32127	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)