

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90703 040 \*\*\*150.00

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

DOCUMENT # PO1000054891 ✓  
1. Entity Name  
Altamonte Springs Automotive, Inc.

763511

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
440 N. Hwy 434  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Altamonte Springs, FL

4. FEI Number  
59-3723286  
Applied For  
☐ Not Applicable

Zip  
32714  
Country  
USA

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  
Robin K. Smith, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
6748 Edgeworth Dr.  
City  
Orlando FL Zip Code  
32819

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)

**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	<u>President</u> <u>Dean L. Meyers</u> <u>6426 Hill-O-Sands Ct</u> <u>Orlando, FL 32819</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Dean L. Meyers 4/2/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*

CR2E034B (12/01)

407-869-8848