

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90113 020 ***150.00

DOCUMENT # P01000074339

1. Entity Name

FIRST TRUST AUTOMOTIVE WARRANTY SERVICES, INC.

Principal Place of Business

**400 NORTH TAMPA STREET
 SUITE 120
 TAMPA FL 33602**

Mailing Address

**400 NORTH TAMPA STREET
 SUITE 120
 TAMPA FL 33602**

2. Principal Place of Business

**12000 N. Dale Mabry
 SUITE 270**

3. Mailing Address

**12000 N. Dale Mabry Hwy
 SUITE 270**

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33618

Country

USA HILLSBOROUGH

Zip

33618

Country

USA HILLSBOROUGH

4. FEI Number

59-3735329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BEYER, DAVID A
 C/O PIPER MARBURY RUDNICK & WOLFE LLP
 101 EAST KENNEDY BLVD., SUITE 2000
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **ANTHONY L. SCARPO**
 Street Address (P.O. Box Number is Not Acceptable)
2122 COUNTRY CLUB DR.
 City **TAMPA** FL **33612**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-02

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

TITLE **D** ☐ Delete
 NAME **SCARPO, ANTHONY L**
 STREET ADDRESS **400 NORTH TAMPA STREET, SUITE 400**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ Delete
 NAME **WILL, CARL**
 STREET ADDRESS **400 NORTH TAMPA STREET, SUITE 400**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2122 COUNTRY CLUB DR**
 CITY-ST-ZIP **TAMPA, FL. 33612**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **12000 N. Dale Mabry Hwy**
 CITY-ST-ZIP **TAMPA, FL. 33618**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-02 813-931-4811

CR2E034 (9/01)