

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-28-2002 90786 042 ***150.00

DOCUMENT # P01000080047

1. Entity Name

AUTOMOTIVE INSITE, INC.

Principal Place of Business

**4731 BONITA BAY BLVD
 BONITA SPRINGS FL 34134**

Mailing Address

**4731 BONITA BAY BLVD
 BONITA SPRINGS FL 34134**

2. Principal Place of Business

4731 Bonita Bay Blvd.

Suite, Apt. #, etc.

Suite 1703

City & State

Bonita Springs, FL

Zip

34134

Country

Lee

3. Mailing Address

4731 Bonita Bay Blvd.

Suite, Apt. #, etc.

Suite 1703

City & State

Bonita Springs, FL

Zip

34134

Country

Lee

4. FEI Number

22-2904762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BRUNNER, ARLENE

**4731 BONITA BAY BLVD., SUITE 1703
 BONITA SPRINGS FL 34134**

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 *Arlene Brunner, president*

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

(NOTE: Registered Agent signature required when reinstating)

03-18-02

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

TITLE **PRESIDENT** ☐ Delete
 NAME **ARLENE BRUNNER**
 STREET ADDRESS **4731 BONITA BAY BLVD., SUITE 1703**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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: *Arlene Brunner*

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

03-18-02

Date

941-949-5950

Daytime Phone #

CR2E034 (9/01)