

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

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90308 038 ***150.00

DOCUMENT # *PD1000080698*

1. Entity Name

WW Auto Financing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

129 Camille

Suite, Apt. #, etc.

3. Mailing Address

PO Box 699

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Satsuma FL

City & State

San Mateo FL

4. FEI Number

36-4464427

Applied For

☐ Not Applicable

Zip

32189

Country

FLORIDA

Zip

32187

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Wilson, Wilson

Street Address (P.O. Box Number is Not Acceptable)

129 Camille

City

Satsuma

FL

Zip Code

32189

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25

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	<i>P15171D</i>
NAME	<i>Wilson, Wendell</i>
STREET ADDRESS	<i>129 Camille</i>
CITY - ST - ZIP	<i>Satsuma FL 32189</i>
TITLE	<i>VP/D</i>
NAME	<i>Toy, Michelle Stevenson</i>
STREET ADDRESS	<i>129 Camille</i>
CITY - ST - ZIP	<i>Satsuma, FL 32189</i>
TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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:

Wendell Wilson *Wendell Wilson*

2-21-02

386-649-8445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)