

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

03-28-2002 90166 029 ***150.00

DOCUMENT # P01000105941

1. Entity Name

FLORIDA DIRECT AUTO, INC.

Principal Place of Business

617 NORTH DIXIE HIGHWAY
LAKE WORTH FL 33460

Mailing Address

617 NORTH DIXIE HIGHWAY
LAKE WORTH FL 33460

2. Principal Place of Business

2033 Gurnsey Bay Dr
Suite, Apt. #, etc.

3. Mailing Address

2033 Gurnsey Bay Dr
Suite, Apt. #, etc.

City & State

West Palm Beach, FL
Zip Country

City & State

West Palm Beach, FL
Zip Country

4. FEI Number

65-1154893

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name

Shawn M. Asselta

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

2033 Gurnsey Bay Dr

City

West Palm Beach, FL

Zip Code

33411

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

2/19/02

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 PSTD
 NAME ASSELTA, SHAWN M
 STREET ADDRESS 617 NORTH DIXIE HIGHWAY
 CITY-ST-ZIP LAKE WORTH FL 33460

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
 NAME Asselta Shawn M
 STREET ADDRESS 2033 Gurnsey Bay Dr
 CITY-ST-ZIP West Palm Beach, FL 33411

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

Shawn M. Asselta
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/02 8-1582-0001

Daytime Phone #

CR2E034 (9/01)