

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90738 043 ***550.00

DOCUMENT # **701000106566**

1. Entity Name
DEALERWATCH, INC.

DO NOT WRITE IN THIS SPACE

80123403

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 801 WEST BAY DRIVE		3. Mailing Address	
Suite, Apt. #, etc. 704		Suite, Apt. #, etc.	
City & State LARGO, FLORIDA		City & State	
Zip 33770	Country PINELLAS	Zip	Country
4. FEI Number 59-3754870		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MARK S. POHLMAN	
Street Address (P.O. Box Number is Not Acceptable) 801 WEST BAY DRIVE	
SUITE 515	
City LARGO	FL Zip Code 33770

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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S / DIR. ANTHONY KAVANAUGH 10137 IMPERIAL POINT DR. LARGO, FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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:  **ANTHONY KAVANAUGH, PRES** 5/22/02 727-518-7467