

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90097 028 \*\*\*150.00

0014611 AT

**DOCUMENT # P01000118208**

1. Entity Name  
**GRAND PRIX AUTO, INC.**

Principal Place of Business      Mailing Address  
**4453 ASHTON RD**                      **4453 ASHTON RD**  
**SARASOTA FL 34233**                      **SARASOTA FL 34233**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                              City & State  
 Zip    Country    Zip    Country

4. FEI Number      Applied For  
**01-0553411**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PREWETT, DANIEL L**  
**5777 BENEVA ROAD SOUTH**  
**SARASOTA FL 34233**

Name **Gary J. Leffert**  
 Street Address (P.O. Box Number is Not Acceptable) **4602 Country Manor Dr.**  
 City **Sarasota**      FL      Zip Code **34233**

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      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEFFERT, GARY</b>	
STREET ADDRESS	<b>4602 COUNTRY MANOR DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)