


FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90208 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P02000009653</u>			
1. Entity Name <u>All About Automobiles Inc.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>815 S. Semoran</u>		3. Mailing Address <u>1325 E. Harding St.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Orlando FL.</u>		City & State <u>Orlando FL.</u>	
Zip <u>32822</u>	Country <u>USA</u>	Zip <u>32806</u>	Country <u>USA</u>
4. FEI Number <u>01-0597730</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name <u>Steve Wade II</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1325 E. Harding St.</u>			
City <u>Orlando</u>		FL	Zip Code <u>32806</u>
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Steve Wade II</u>		DATE <u>5-2-03</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President/owner</u> <u>Steve Wade II</u> <u>1325 E. Harding St</u> <u>Orlando FL 32806</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Steve Wade II</u>		Date <u>5-2-03</u> (402) 383-7110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034B (12/02)