

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90139 035 ***150.00

DOCUMENT # P02000018407

1. Entity Name
LUXURY MOTORS EXCHANGE, INC.



Principal Place of Business
5050 9TH ST. NORTH, STE. B
NAPLES FL 34108

Mailing Address
5050 9TH ST. NORTH, STE. B
NAPLES FL 34108



2. Principal Place of Business

3. Mailing Address

5050 Tamiami Trail N.

5050 Tamiami Trail North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Wm B

B

City & State
Naples FL

City & State
Naples FL

Zip
34103

Country
USA

Zip
34103

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0616012

Applied For

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

GIGLIOTTI, JOSEPH

5050 9TH ST. NORTH, STE. B
NAPLES FL 34108

Name

GARY S. WALKER

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

5050 B Tamiami Trail North

City
Naples

FL

Zip Code
34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME GIGLIOTTI, JOSEPH
STREET ADDRESS 5050 9TH ST. NORTH, STE. B
CITY-ST-ZIP NAPLES FL 34108

TITLE President ☐ Change ☒ Addition
NAME GARY S. WALKER
STREET ADDRESS 5050 Tamiami Trail North, Suite B
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03

239-435-9440

CR2E034 (10/02)