2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 16, 2003 8:00 am Secretary of State

| Principal Place of Business 468 R668N NOOD ROD AUXCROMMLE FL 2200 AUXC | DOCUMENT # P02000026108 1. Entity Name AUTO PRO SOUTHEAST, INC. | | | | | 05-05-2003 | 90347 009 ***1. | 50.00 |
|---|--|--|----------------------|---------------------------------------|--|---|---------------------|-------------|
| Suite, Agil, 8, etc. City & State City & | 4161 ROBIN HOOD ROAD | | 4161 ROBIN HOOD ROAD | | , | | 5504 | 8567 |
| City & State Ci | 2. Principal F | Place of Business | | | | | THE STATE OF STREET | Suprairi II |
| Zip Country Zip Country S. Certificate of Status Desirod S. S. Certificate Official Desirod S. Certificate of Status Desirod S. Certificate of Status Desirod S. Certificate Official Desirod S | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | |
| S. Certificate of Status Desired For Requiried F | City & State | | City & State | | | 4. FEI Number | J-30-4 | |
| STIEFEL, JOHN R JR INDEPPRIENT OR STE 2001 JACKSONMILE FL 32202 S. Chy Chy Chy FL Zip Code Chy Chy FL Zip Code Chy FL Zip Code Chy FL Zip Code Chy Chy Chy Chy Chy Chy Chy Ch | Zip | Country | untry Zip Coun | | | 5. Certificate of Status Desired | | |
| STIEFEL, JOHN R. JR I INDEPENDENT OR STE 2001 JACKSONVILLE FL 32202 3. City City FL Zip Code City Addition City FL Zip Code City Addition City FL Zip Code City Addition City Addition City FL Zip Code City Addition City City FL Zip Code City Addition City Addition City | | 6. Name and Address of Current R | legistered Agent | | | 7. Name and Address of New R | legistered Agent | |
| INDEPENDENT OR STE 2001 JACKSONMILE FL 32202 To clay FL Zip Code 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 open. SIGNATURE Detail Flee Is \$150.00 After May 1, 2003 Fee will be \$550.00 DELL STEVEN R STEET ADDRESS OFF-SEE A | CTICPE IOUNID ID | | | | _Name | | | |
| Eity FL Zip Code 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 | 1 INDEPENDENT DR STE 2301 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. SIGNATURE Department of the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. SIGNATURE Department of State Depa | JACKSONVILLE FL 32202 15 | | | | | | | |
| THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME STEET ADDRESS OFFI-ST PORTS OF PAYABLES M 4161 ROBIN HOOD ROAD ADDITIONS OFFI PAYABLES M 4161 ROBIN HOOD ROAD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME STREET ADDRESS OFFI PAYABLES M 4161 ROBIN HOOD ROAD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME STREET ADDRESS OFFI PAYABLES M 4161 ROBIN HOOD ROAD ADDITIONS/CHANGES OFFI PAYABLES | | | | City | City FL Zip Code | | | |
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| NAME WAGONER, CHARLES M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | FORT, DEAN A 4161 ROBIN HOOD ROAD | □ Delete | NAME STREET ADDRESS | FORT | Kobinhood Kopo | ☐ Change | ☐ Addition |
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| 12. Thereby 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 | NAME STREET ADDRESS CITY-ST-ZIP | ortify that the information aumitor to the | | NAME STREET ADDRESS CITY-ST-ZIP | ated in Sa | 100 110 07(2VI) Flanks Carlo | | |

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 eddress, with all other like empowered.

SIGNATURE:

GRANTURE AND TYPED OR PRINTED MAKE OF DIGNING OFFICER OR DIRECT

4-29-2003 904-2195865

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