


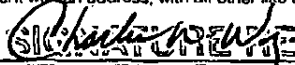
FILED

Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 90347 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5

DOCUMENT # P02000026108					
1. Entity Name AUTO PRO SOUTHEAST, INC.					
Principal Place of Business 4161 ROBIN HOOD ROAD JACKSONVILLE FL 32210			Mailing Address 4161 ROBIN HOOD ROAD JACKSONVILLE FL 32210		
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	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STIEFEL, JOHN R JR 1 INDEPENDENT DR STE 2301 JACKSONVILLE FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, STEVEN R		NAME	BELL, STEVEN R.	
STREET ADDRESS	4161 ROBIN HOOD ROAD		STREET ADDRESS	4161 ROBIN HOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, DEAN A		NAME	FORT, DEANA.	
STREET ADDRESS	4161 ROBIN HOOD ROAD		STREET ADDRESS	4161 ROBIN HOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGONER, CHARLES M		NAME	WAGONER, CHARLES M.	
STREET ADDRESS	4161 ROBIN HOOD ROAD		STREET ADDRESS	2631 ELBOW ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			4-29-2003 904-2195845		
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR			Date Daytime Phone #		

55048567

☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)