


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90137 018 \*\*\*150.00

<b>DOCUMENT # P02000038515</b>					
1. Entity Name AUTOMOTION SALES AND SERVICE, INC.					
Principal Place of Business 6438 E. COLONIAL DRIVE ORLANDO FL 32807			Mailing Address 6438 E. COLONIAL DRIVE ORLANDO FL 32807		
2. Principal Place of Business			3. Mailing Address <b>19500 QUARTERLY PKWY</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>ORLANDO FL</b>		
Zip	Country	Zip	Country	4. FEI Number <b>81-0550535</b>	
<b>32833</b>		<b>ORANGE</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MOONEY, DANIEL H. 619 HEWETT DRIVE ORLANDO FL 32807</b>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Name <b>WESSON MAILLARD</b>				Applied For	
Street Address (P.O. Box Number is Not Acceptable) <b>19500 QUARTERLY PKWY</b>				Not Applicable	
City <b>ORLANDO</b>				FL	
Zip Code <b>32833</b>					
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 <i>Wesson Maillard</i> Signature, typed or printed name of registered agent and title if applicable.				President DATE <b>4/14/03</b> (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> 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	NAME		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	<b>D</b> <b>MOONEY, DANIEL H</b> <b>533 N. SEMORAN BOULEVARD</b> <b>ORLANDO FL 32807</b>			<b>DIRECTOR</b> <b>MOONEY, DANIEL H</b> <b>6438 E COLONIAL DR</b> <b>ORLANDO, FL 32807</b>	
	<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	<b>D</b> <b>MAILLARD, WESSON L F.</b> <b>533 N. SEMORAN BOULEVARD</b> <b>ORLANDO FL 32807</b>			<b>PRESIDENT</b> <b>MAILLARD, WESSON L F</b> <b>19500 QUARTERLY PKWY</b> <b>ORLANDO, FL 32833</b>	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
				<b>SECRETARY/TREASURER</b> <b>MAILLARD, CAROLYN M</b> <b>19500 QUARTERLY PKWY</b> <b>ORLANDO, FL 32833</b>	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE	NAME	
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CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Wesson Maillard</i>			4/14/03 407-383-6196		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (10/02)

Attachment

58036728  
P0200003815

## AUTOMOTION SALES AND SERVICE INC

6438 E COLONIAL DRIVE  
ORLANDO, FLORIDA 32807  
PHONE (407) 381-9776 - FAX (407) 381-1132

May 1, 2003

Reference Number P02000038515

To Whom It May Concern;

I received this in the mail yesterday, April 30, 2003. I called the number on the letter and after quite some time on hold was told that an examiner might have just made an error. I have street addresses listed for each officer/director and am not sure what is missing or in error. If there is a problem could you please let me know exactly what it is so I can fix it.

Thank You,

  
Carolyn H Maillard