


FILED
Jun 05, 2003 8:00 am
Secretary of State

02-05-2003 90109 003 ***150.00

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

DOCUMENT # P02000038801		
1. Entity Name VNS AUTO SALES, INC.		
Principal Place of Business 9036 S ORANGE AVENUE ORLANDO FL 32824		Mailing Address 9036 S ORANGE AVENUE ORLANDO FL 32824
2. Principal Place of Business 9036 S Orange ave Suite, Apt. #, etc.		3. Mailing Address 9036 S Orange ave Suite, Apt. #, etc.
City & State Orlando FL		City & State Orlando FL
Zip 32824		Country
4. FEI Number 300074339		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SOTO, VIRGINIA V 2510 QUAIL PARK TERRACE KISSIMMEE FL 34743		7. Name and Address of New Registered Agent Name Virginia V Soto Street Address (P.O. Box Number is Not Acceptable) 2510 Quail Park Ter City Kissimmee FL Zip Code 34743
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>Virginia Soto</i> (NOTE: Registered Agent signature required when reinstating) DATE 06-01-03		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP President Virginia Soto 2510 Quail Park Terrace Kissimmee, FL 34743 Vice President Nelson Soto 2510 Quail Park Terrace Kissimmee, FL 34743		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP Change 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>Virginia Soto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		02-01-03 407-240-2323 Date Daytime Phone #

55046422



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)