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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91513 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10089842

DOCUMENT # P02000039221

1. Entity Name
AUTO CITY OF BREVARD, INC.

Principal Place of Business	Mailing Address
1045 W KING ST COCOA, FL 32922	1045 W KING ST COCOA, FL 32922

2. Principal Place of Business	3. Mailing Address
1180 SOUTH US-1	1180 SOUTH US-1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rockledge, FL	City & State: Rockledge, FL
Zip: 32955 Country: USA	Zip: 32955 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0422235 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGSTON, TIMOTHY S
~~2049 SYKES CREEK DR~~
~~MERRITT ISLAND, FL 32952~~
1180 SOUTH US-1
Rockledge, FL 32955

7. Name and Address of New Registered Agent

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGSTON, TIMOTHY S 2049 SYKES CREEK DR MERRITT ISLAND, FL 32952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGSTON, TIMOTHY S 1180 S. US-1 Rockledge, FL 32955 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 4/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #