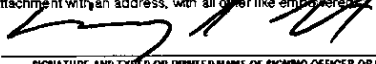


FILED
Apr 28, 2003 8:00 am
Secretary of State

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 1045 W KING ST COCOA, FL 32922		Mailing Address 1045 W KING ST COCOA, FL 32922	
2. Principal Place of Business 1180 South US-1		3. Mailing Address 1180 South US-1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Rockledge, FL		City & State Rockledge, FL	
Zip 32955		Country USA	
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 necessary) DATE			
FILE NOW!!! FEE IS \$160.00 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP D LANGSTON, TIMOTHY S 1180 S. US-1 Rockledge, FL 32955	
Delete ☐		Change ☒ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		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 addressee is 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/22/03 Daytime Phone #	

CH2E034 (10/02)