2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P02000054245 DOCUMENT #

1. Entity Name

Principal Place of Business

AUTO XTRAS OF TALLAHASSEE, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90130 009 ***150.00

1500 APALACHEE PKWY TALLAHASSEE FL 32301 2. Principal Place of Business			2801 MISTY GARDEN CIR. TALLAHASSEE FL 32303 3. Mailing Address			1 18 17 18 18 18 18 18 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. F	T9-3043939	 	opplied For lot Applicable	
	Country	Zíp	Countr		5. (Certificate of Status Desired			
6. Name	and Address of Currer	t Registered Agen	it		7. 1	lame and Address of New Register	ed Agent		
SSEE FL 323	submits this statement agent.			City tered office or	registered ag	ent, or both, in the State of Florida. 1	am familiar with		
r May 1, 200	3 Fee will be \$550.00 Florida Department	of State			AD	Election Campaign Financing Trust Fund Contribution. Chicken To Carrie Contribution Chicken To Carrie Chicke	☐ Adde	00 May Be od to Fees	
OWN TTEVOJ 280j Mi Billaha	or.]rele 303	Delete T Delete T N S S C Delete T N S	ITILE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS	AD	DITIONS/CHANGES TO OFFICERS	☐ Change	Addition Addition	
	FIL 32301 Place of Busin. #, etc. te 6. Name 7. TREVOR TY GARDEN SSEE FL 323 e named entity tions of registe Signature, typed of FILE NOW!!! FMay 1, 200 k Payable to	Place of Business #, etc. te Country 6. Name and Address of Currer TREVOR TY GARDEN CIR. SSEE FL 32303 e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department OFFICERS AN	Place of Business 3. Mailing Add #, etc. Suite, Apt. # Country Zip 6. Name and Address of Current Registered Ager TREVOR TY GARDEN CIR. SSEE FL 32303 enamed entity submits this statement for the purpose of current agent and title if applicable. FILE NOW!!! FEE IS \$150.00 In May 1, 2003 Fee will be \$550.00	Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. te Country Zip Country Zip Country Zip Country Address of Current Registered Agent TREVOR TY GARDEN CIR. SSEE FL 32303 enamed entity submits this statement for the purpose of changing its registions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent) FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State OFFICERS AND DIRECTORS Delete	TALLAHASSEE FL 32303 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. te Country Zip Country 6. Name and Address of Current Registered Agent Name TREVOR TY GARDEN CIR. SSEE FL 32303 City a named entity submits this statement for the purpose of changing its registered office or tions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature) When the purpose of Changing its registered Agent signature. Signature, typed or printed name of registered agent and title if applicable. Signature typed or printed name of registered agent and title if applicable. Signature typed or printed name of registered agent and title if applicable. Signature typed or printed name of registered agent and title if applicable. THE NOW!!! FEE IS \$150.00 (NOTE: Registered Agent signature) THE NOW!!! FEE IS \$150.00 (NOTE: Registered Agent signature) THE NAME (STREET ADDRESS) CITY-ST-ZIP AND DELET (TITLE NAME STREET ADDRESS) CITY-ST-ZIP	TALLAHASSEE FL 32303 Place of Business 3. Mailing Address 4. Ft. Country Zip Country 5. Country 5. Country 6. Name and Address of Current Registered Agent TREVOR TY GARDEN CIR. SSEE FL 32303 City anamed entity submits this statement for the purpose of changing its registered office or registered agent and site it applicable. (NOTE: Registered Agent signature required when recovered by the statement of State OFFICERS AND DIRECTORS 11. AD OWNER TOWNER SIREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS	TALLAHASSEE FL 32303 Flace of Business 3. Mailing Address	Place of Business 3. Mailing Address 4. FEI Number 30 4 39 9	

SIGNATURE	lions of registered agent.	·				
	Signature, typed or printed name of registered agent and title if applicate ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	ole. (NOTE: R	egistered Agent signature requi	9. Election Campaign Finance		 0 May Be
	k Payable to Florida Department of State			Trust Fund Contribution.	☐ Added	to Fees
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER TREVOS Giddens 2801 Mist Lourden Cirele Allahassee FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filling do	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

includated 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR