2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000054869

1. Entity Name
A - PLUS AUTOMOTIVE OF BRANDON, INC.

Principal Place of Business	Mailing Address
718 ISLETON DR	718 ISLETON DR
BRANDON FL 33511	BRANDON FL 33511

2. Principal Place of Business
1348 West Robertson St

3. Mailing Address
1348 West Robertson St

Suite, Apt. #, etc. *B*

Suite, Apt. #, etc. *B*

☐ CHECK HERE IF MAKING CHANGES

City & State *Brandon, Fl*

City & State *Brandon, Fl 33511*

4. FEI Number *81-0553463*

☐ Applied For
☐ Not Applicable

Zip *33511* Country *Hillsbough*

Zip *33511* Country *Hillsbough*

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REIN, MICHAEL 718 ISLETON DR BRANDON FL 33511	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 DPST NAME REIN, MICHAEL STREET ADDRESS 718 ISLETON DR CITY-ST-ZIP BRANDON FL 33511	☐ 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: _____ *1/8/03* *8136577587*

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