

P02000092627

**AUTOMOTIVE
ANSOURCE**
Inc.

324 South Hyde Park Avenue
Suite 215 - Tampa, Florida 33606

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

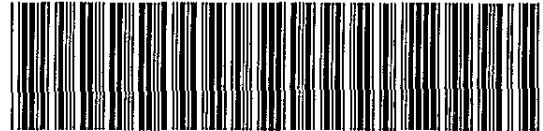
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800022875818

09/12/03--01049--017 **35.00

FILED

03 SEP 12 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Coulllette SEP 17 2003

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

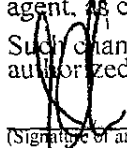
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AUTOMOTIVE AD SOURCE, INC.
2. The principal office address: 324 S. HYDE PARK AVE #215
TAMPA FL 33606
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/9/02 Document number: P02000092627
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
WICHMAN, CLARK
324 S. HYDE PARK AVE STE 215
TAMPA FL 33606
6. The name and street address of the new registered agent (if changed) and /or registered office changed):
VILLA, J. MICHAEL
324 S. HYDE PARK AVE STE 215
(P.O. Box or personal mailbox NOT acceptable)
TAMPA FL 33606

FILED
SEP 12 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, if changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Michael Villa / President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

9/5/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314