

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/12/2003-90104-024-\$150.00-\$150.00

DOCUMENT # P02000092627

1. Entity Name  
AUTOMOTIVE AD SOURCE, INC.

Principal Place of Business  
324 S. HYDE PARK AVE.  
SUITE 215  
TAMPA FL 33606

Mailing Address  
324 S. HYDE PARK AVE.  
SUITE 215  
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
43-1971771

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WICHMAN, CLARK  
324 S. HYDE PARK AVE.  
SUITE 215  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name  
J. MICHAEL VILLA  
Street Address (P.O. Box Number is Not Acceptable)  
324 S. HYDE PARK AVE #215  
City TAMPA FL Zip Code 33606

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

9/19/03

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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

|  |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT/DIRECTOR<br>VILLA, J. MICHAEL<br>324 S. Hyde Park #215<br>TAMPA FL 33606 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VICE PRESIDENT/DIRECTOR<br>SANTANA, ANA<br>324 S. Hyde Park #215<br>TAMPA FL 33606 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SECRETARY/DIRECTOR<br>BLACKMER, DOUGLAS<br>324 S. Hyde Park #215<br>TAMPA FL 33606 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 receiver, 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 REQUIRED

813-2501733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

0094594 AV

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 SEP 22 PM 2:02



CHECK HERE IF MAKING CHANGES



Attachment  
90156377

voice: 813.250.1733  
toll free: 877.828.8623  
fax: 813.259.4822  
www.adsources.tv

September 9, 2003

Florida Department of State  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, Florida 32302-1500

Re: Corporation P02000092627  
EIN 43-1971771

To Whom It May Concern:

Enclosed please find check #2586 in the amount of \$150.00 for the filing fee for 2003. We respectfully request that the late fee be waived as we did not receive the first notice mailed by the State.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ana Santana", followed by a horizontal line.

Ana Santana  
Vice President/Director  
Automotive Ad Source, Inc.

Enclosures (2)