

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90721 038 ***150.00

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DOCUMENT # P02000095294

1. Entity Name
USAVE AUTO SPECIALISTS, INC.



Principal Place of Business
**6608 14TH STREET WEST
BRADENTON FL 34207**

Mailing Address
**6608 14TH STREET WEST
BRADENTON FL 34207**

2. Principal Place of Business

3. Mailing Address

7456 SHAUNA COURT

7456 SHAUNA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

SARASOTA, FL

Zip
34241

Country

USA

Zip

34241

Country

USA

4. FEI Number

04-3710606

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, C. SCOTT

**6608-14TH STREET WEST
BRADENTON FL 34207**

Name

Street Address (P.O. Box Number is Not Acceptable)

7456 SHAUNA COURT

City

SARASOTA

FL

Zip

34241

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P, T, S, D
C. SCOTT TAYLOR
7456 SHAUNA COURT
SARASOTA, FL 34241**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 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:

C. SCOTT TAYLOR **4/30/03** **941-925-1229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)