## FOR PROFIT CORPORATION

## Sep 12, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT# DO2000098830 09-12-2003 90090 043 \*\*\*150.00 FIRST Dealer Fresource, Inc DO NOT WRITE IN THIS SPACE 90156556 DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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 January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61:25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE NAME Hawleyman K STREET ADDRESS STREET ADDRESS malabar CITY-ST-ZIP CITY-ST-7/P TITLE TITLE ... Walla NAME NAME 208 matabar STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY-ST-7IP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CUY-ST-ZIP THE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HITLE** NAME, NAME STREET ADDRESS STREET ADDRESS

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 it made under eath; that I am an officer or director of the constation 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 on an of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; attachment with an address with all other like empowered.

NAME

CITY, ST. ZIP.

TITLE THE STATE OF

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CHY-ST-ZIP

STREET ADDRESS

CRY-ST-ZIP

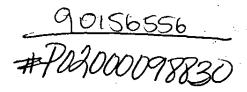
TITLE

NAME

**FILED** 

attachment

Division of Corporations P. O. Box 1500 Tallahassee, Florida 32302-1500



September 9, 2003

Dear Sir or Madam:

This letter is to inform your office that I never received my UBR form to file it for 2003. Last year we asked the dep of state to change our mailing address and to up date your records, this did not happen. I have my mail going to my account at the address we requested to have all mail change to. I called the Dep of state and they advised me to down lode a blank form. Your office also advised me to send a letter stating I did not receive my form and give the correct mailing address so the form can get to me on time next year. Your office said all penalties would be waved. Thank you for your time in concerning this matter.

Sincerely,

FIRST DEALER RESOURCE, INC CARE OF JOE LOGUIDICE, CPA 1515 RIDGEWOOD AVENUE #4 HOLLY HILL, FL 32117