

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000117816

1. Entity Name
UNION AUTO EXCHANGE INC.



Principal Place of Business
**925 W. MAIN ST.
LAKE BUTLER, FL 32054**

Mailing Address
**925 W. MAIN ST.
LAKE BUTLER, FL 32054**



01032006 No Chg-F CR2E034 (11/05)

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4. FEI Number
14-1853993

Applies For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COURSON, JERRY W SR.
925 W. MAIN ST.
LAKE BUTLER, FL 32054**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COURSON, JERRY W SR.
STREET ADDRESS	RR 03 BOX 117-A
CITY- ST- ZIP	LAKE BUTLER, FL 32054
TITLE	VD
NAME	COURSON, JERRY W JR.
STREET ADDRESS	RR 03 BOX 117-A
CITY- ST- ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/27/06-80081-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jerry W. Courson Sr. **JERRY W. COURSON SR.** 1-04-06 386-496-1875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Home #