

Amended
2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


05-07-2003 90171 027 ****61.25

P38607
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 29 AM 9:26

DOCUMENT # P38607

1. Entity Name
Dealers Choice Used Cars, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5608 N. FLORIDA AVE.

3. Mailing Address
10438 ST. TROPEZ PL.

City & State
TAMPA FL.

City & State
TAMPA FL.

Zip
33604

Country

Zip
33615

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3328640

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
GERDA SCHAUER

Street Address (P.O. Box Number is Not Acceptable)
10438 ST. TROPEZ PL.

City
TAMPA

FL

Zip Code
33615

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 *Gerda Schauer* *GERDA SCHAUER* *5/5/03*

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 <i>P</i>	NAME <i>GERDA SCHAUER</i>	TITLE	
STREET ADDRESS <i>10438 ST. TROPEZ PL</i>		STREET ADDRESS	
CITY-ST-ZIP <i>TAMPA FL. 33615</i>		CITY-ST-ZIP	
TITLE <i>S</i>	NAME <i>GERDA SCHAUER</i>	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 on an attachment with an address, with all other like empowered.

SIGNATURE *Gerda Schauer* *GERDA SCHAUER* *5/5/03* *813-237-0772*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034B (12/02)

5/29
aw