

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91520 043 ***150.00

DOCUMENT # P93000001732
1. Entity Name
BOBBY & KARL'S AUTOMOTIVE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
48 W. GRANADA BLVD
Suite, Apt. #, etc.

3. Mailing Address
48 W. GRANADA BLVD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH, FL

City & State
ORMOND BEACH, FL

4. FEI Number
59-3168192

Applied For
Not Applicable

Zip
32174

Country
VOLUSIA

Zip
32174

Country
VOLUSIA

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
ROBERT D. WILKINS, JR

Street Address (P.O. Box Number is Not Acceptable)
214 FOREST HILLS BLVD

City
ORMOND BEACH, FL

FL Zip Code
32174

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.

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

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
NAME	WILKINS, ROBERT D. JR	NAME	
STREET ADDRESS	214 FOREST HILLS BLVD	STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH, FL 32174	CITY - ST - ZIP	
TITLE	VP	TITLE	
NAME	WILKINS, KARL	NAME	
STREET ADDRESS	48 W. GRANADA BLVD	STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH, FL 32174	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert D. Wilkins Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT D. WILKINS JR

Date: **4-19/02**

Daytime Phone #: **386 673-8884**

CR2E034B (12/01)