

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91386 025 \*\*\*150.00

DOCUMENT # **P930000086008** ✓

1. Entity Name  
**OVERSEAS AUTO BROKERS, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4901 DA. MARTIN Hwy BV**  
Suite, Apt. #, etc.  
**unit 2**

3. Mailing Address  
**1452 Wellington Ct**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**FT MYERS FL**  
Zip  
**33905** Country  
**USA**

City & State  
**CAPE CORAL, FL**  
Zip  
**33904** Country  
**USA**

4. FEI Number  
**65-0388786**  
Applied For  
Not Applicable

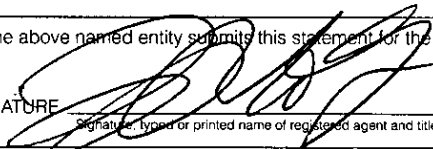
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**LARRY RUDOLF**  
Street Address (P.O. Box Number is Not Acceptable)  
**1452 Wellington Ct**  
City  
**Cape Coral** FL Zip Code  
**33990**

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.

**LARRY RUDOLF**  
(NOTE: Registered Agent signature required when reinstating)

**4/30/02**  
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  
**VP**  
NAME  
**MULHART RUDOLF**  
STREET ADDRESS  
**1505 SW 30ST**  
CITY-ST-ZIP  
**Cape Coral, FL 33990**

TITLE  
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CR2E034B (12/01)

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MULHART RUDOLF**

**4/30/02** <sup>(239)</sup> **341-7720**  
Date Daytime Phone #