## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P93000014122 1. Entity Name ALL SEASONS USED CARS, INC. 04-19-2001 90319 036 \*\*\*150.00 Principal Place of Business Mailing Address 305 S COCOA BLVD 305 S COCOA BLVD COCOA FL 32922 COCOA FL 32922 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3165137 Not Applicable Country Zip Zip Country\_\_\_ \$8.75 Additional 5:: Certificate of Status Desired. Fee Required \_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MICHAEL\_ W. HORTON BUBACK, HENRY Street Address (P.O. Box Number is Not Acceptable) 665 NEEDLE BLVD MERRITT ISLAND FL 32953 Cocon Florida 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Detete TITLE TITLE NAME BUBACK, HENRY NAME STREET ADDRESS STREET ADDRESS 665 NEEDLE BLVD CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 PRESIDENT X Addition TITLE ☐ Delete TITLE ☐ Change MICHAEL W. HORTON NAME NAME 305 S. COCOA BIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOD FLORIDA Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE. Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Newy 7 Buback

Honey Fluback 4/9/01

321-439-1467.