2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P93000014122 **DOCUMENT #**

1. Entity Name

ALL SEASONS USED CARS, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90229 018 ***150.00

| | , | | N. Contraction | | | | | |
|---|--|---|---------------------------------------|---------------------------------|---|--------------|-----------------------|---------------|
| Principal Place of Business 305 S COCOA BLVD COCOA FL 32922 US | | Mailing Address 305 S COCOA BLVD COCOA FL 32922 US | - | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | ☐ CHECK HERE | IF MAKING | CHANGES | ; |
| City & State | | City & State | | | 4. FEI Number 59-3165137 | | | pplied For |
| Zip | Country | Zip | Country | : | 5. Certificate of Status Desired | | 8.75 Ad ee Require | ot Applicable |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and Address of New R | | | ,u |
| | Name | | | | | | | |
| HORTON, MICHAEL WATER | | | | | | | | |
| 305 S COCOA BLVD | | Street Address (P. | | D. Box Number is Not Acceptable | e) | | | |
| COCOA I | FL 32922 | | | | | | | |
| | | | City | | | FL | Zip Cod | Je |
| SIGNATURE F Afte | e named entity sobmits this statement fortions of registered agent. Signature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of | and title if applicable. (NOTE: | egistered office or re | required wh | | DATE nancing | \$5.0 Added | 0 May Be |
| TITLE | D | Delete | TITLE | D | 7.00.1070171102010017 | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | BUBACK, HENRY 665 NEEDLE BLVD MERRITT ISLAND FL 32953 | 7 | NAME STREET ADDRESS CITY-ST-ZIP | HOR: | FON, MICHAEL W. D Darien Road Da. FL 32927 | _ | A J Gridinge | Availabil |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HORTON, MICHAEL W 305 S COCOA BLVD COCOA FL 32922 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | . [| Change | ☐ Addition |
| TITLE NAME STREET ADDRESS. CITY-ST-ZIP | The second of th | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7460 | /T FON, LEANNE Darien Road- Da, FL 32927 | [| Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 16. F. H. 32.92.1 | [| _ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5. 4 1 1 8 4 1 5 h | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\. | <i>[</i> | Change | Addition |
| TITLE NAME (*) STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | | , | : - [| Change | Addition |

12. 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 it is 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP