

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90383 032 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000014700

1. Entity Name
SPRINGS AUTO SALES INC.

Principal Place of Business
 8666 W. HALL'S RIVER ROAD
 HOMOSASSA SPRINGS, FL

Mailing Address
~~P.O. BOX 68~~
~~LECANTO, FL 34460~~

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
59-3172802

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HICKS, PHYLLIS A
1774 GLENEAGLE TERRACE
LECANTO, FL

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 _____ DATE _____
(Signature typed or printed name of registered agent and ZIP if applicable. (FOUR: Registered Agent signature required when attending)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKS, GARY 1774 GLENEAGLE TERRACE LECANTO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. HICKS, PHYLLIS A 1774 GLENEAGLE TERRACE LECANTO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 this 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.

SIGNATURE: *Phyllis A Hicks* 04-16-03 352-628-7707
(Signature and Title on Printed Name of Signed Officer or Director) Date Daytime Phone #

PO Box 3350
 Homosassa SPGS, FL
 34447



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)