

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90193 026 \*\*\*150.00

0591590 AV

**DOCUMENT # P93000063748**

1. Entity Name  
**AUTO EXPRESS LINES, INC.**



Principal Place of Business  
**12634 VALENCIA DRIVE  
CLERMONT FL 34711**

Mailing Address  
**12634 VALENCIA DRIVE  
CLERMONT FL 34711**



2. Principal Place of Business  
**12750 Katherine Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**12750 Katherine Circle**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Clermont, FL**

City & State  
**Clermont, FL**

4. FEI Number  
**59-3203658**

Applied For  
☐ Not Applicable

Zip  
**34711**

Country  
**U.S.A.**

Zip  
**34711**

Country  
**U.S.A.**

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

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

**OLESEN, PREBEN  
12634 VALENCIA DRIVE  
CLERMONT FL 34711**

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

Name  
**Kenneth Shaffer**  
Street Address (P.O. Box Number is Not Acceptable)

**12750 Katherine Circle**  
City **Clermont** FL Zip Code **34711**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/15/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>D SHEFFER, KENNETH 12750 KATHERINE CIRCLE CLERMONT FL 34711</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/03**  
Date

**352 242-5155**  
Daytime Phone #

CR2E034 (10/02)