2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State
09-12-2001 90156 033 ***150.00

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DOCUMENT # P93000077112

1. Entity Name
WHOLESALE AUTO ADVANTAGE, INC. (ILA)

Principal Place of Business	Mailing Address
117 E. CHURCH AVE LONGWOOD FL 32750	117 E. CHURCH AVE LONGWOOD FL 32750

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3214347 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BRUCE, William H. JR
117 E. CHURCH AVE
LONGWOOD FL 32750

7. Name and Address of New Registered Agent
Name William H. Bruce
Street Address (P.O. Box Number is Not Acceptable) 117 E CHURCH AVE
City LONGWOOD FL Zip Code 32750

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] III WILLIAM H BRUCE 9-8-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FEE NOW ... After MAY 1, 2001 Fee will be $550.00 ... Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME ~~GARY L SIMMONS~~ BRUCE, WILLIAM H JR. STREET ADDRESS 117 E. CHURCH AVE CITY-ST-ZIP LONGWOOD FL 32750	☑ Delete	TITLE PTD NAME GARY SIMMONS STREET ADDRESS 4909 B NC 50 NORTH CITY-ST-ZIP BENSON NC 27504	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] GARY SIMMONS President 9-8-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date