FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (LIRP)

FILED Sep 17, 2002 8:00 am

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.	DOCUMENT # P9300 1. Eritity Name Wholesale Outo	Secretary of State 09-17-2002 90098 037 ***150.00			
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Application State Service Serv	Suite, Apt. #, etc.	Suite, Apt. #, etc.	uch St	DO NOT WRIT	E IN THIS SPACE
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DO NOT WRITE IN THIS SPACE Since Address P.C. Son Number is Not Acceptable) Comparison of the State of Forcia. The above names entity submas this statement for the purpose of changing its registered affect on registered agent, or both, in the State of Forcia. SIGNATURE Signature special residence of registering and value of special agent, or both, in the State of Forcia. SIGNATURE Signature special residence of registering agent and value of Forcia. SIGNATURE Signature special residence of registering agents are registered agent, or both, in the State of Forcia. SIGNATURE Signature special residence of registering agents are registered agent, or both, in the State of Forcia. SIGNATURE Signature special residence of registering agents are registered agent, or both, in the State of Forcia. SIGNATURE Signature special residence of registering agents are registered agent, or both, in the State of Forcia. 9-13-62 9-13-6	32750 USA	SUS BARR	USA	<u> </u>	Fee Required
IN THIS SPACE CLONGUISON The above named unity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Fiorica. SIGNATURE Splints speed or oxed named or agent and services are speed and for agents and services. SIGNATURE Splints speed or oxed named or agents agent to the registered agent, or both, in the State of Fiorica. 9-13-50 ONT 9-13-50 ONT 9-13-50 ONT 10. Election Comparign Financing That fining requirement and electric to o so. 10. SAPE May 1, Fee it is 1150.00 After May 1, Fee it is 1	DO NOT W	RITE		1 Bruce	TR.
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 on an SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DESCRIPTION.	TITLE NAME STREET ADDRESS CITY-ST-2IP		NAME STREET ADDRESS		
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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	NAME STREET ADDRESS CITY ST. ZIP		
SIGNATURE: ORLY SIMMONS SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING DESICED OR PROFESTION 9-13-02	of the corporation or the receiver or trustee empoye	lored to evecute this senet	ne exemption stated in Sec	tion 119.07(3)(i), Florida Statutes. I fur time legal effect as if made under oati f, Florida Statutes; and that my name	ther certify that the information it that I am an officer or director appears in Block 11 or on an
owe triville blubs t	SIGNATURE: GARY Simm	בחסר	DRECTOR	9-13-02	Dodum Oboo A

Attachment pg

September 13, 2002

WHOLESALE AUTO ADVANTAGE, INC. 117 Church Street Longwood, FL 32750

To Whom It May Concern:

We are writing this letter explaining the fact that we are late because we never received paperwork. Please waive the late fee of \$350.00, these forms are now downloaded and will be mailed to you immediately.

Sorry for any inconvenience we may have caused.

Sincerely,

William Bruce