

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90122 045 ***150.00

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DOCUMENT # P94000013968

1. Entity Name
J.A.C. AUTOMOTIVE, INC.



Principal Place of Business
600 LEE ROAD
ORLANDO FL 32810
US

Mailing Address
8280 MARBELLA VIEW COURT
ORLANDO FL 32817



2. Principal Place of Business

600 Lee Rd
Suite, Apt. #, etc.

3. Mailing Address

8280 Marbella View Ct
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number 65-0471040

Applied For
Not Applicable

Zip
32810

Country
Orange

Zip
32817

Country
Orange

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P
NAME CONFORTI, JOHN M
STREET ADDRESS 600 LEE ROAD
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME CONFORTI, CAROL A
STREET ADDRESS 600 LEE ROAD
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 467740-0041
Date Daytime Phone #

CR2E034 (10/02)