

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90166 020 ***150.00

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

DOCUMENT # P94000021933					
1. Entity Name FIRST CHOICE AUTO FINANCE, INC.					
Principal Place of Business 5200 S WASHINGTON AVE TITUSVILLE, FL 32780 US			Mailing Address PO BOX 6020 WINTER PARK, FL 32793		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3231285	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERNST, JAMES E 5200 S WASHINGTON AVE TITUSVILLE, FL 32780				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering) DATE _____					
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	DV ☐ Delete				
NAME	KIEM, LARRY				
STREET ADDRESS	PO BOX 6020				
CITY-ST-ZIP	WINTER PARK, FL 32793				
TITLE	D P ☐ Delete				
NAME	ERNST, JAMES E				
STREET ADDRESS	PO BOX 6020				
CITY-ST-ZIP	WINTER PARK, FL 32793				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
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: <i>Randy S. Kie</i> <i>LARRY D. KIEM</i> 4/24/03 (401) 298-0319					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

80110701

☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)