2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

CLEARWATER FL 33763

2316 S.R. 580

UNIFORM BUSINESS REPORT (UBR P94000068249 DOCUMENT # 1. Entity Name AUTO NEST, INC.

Principal Place of Business

2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

CLEARWATER FL 33763

Suite, Apt. #, etc.

ROMAN & ROMAN

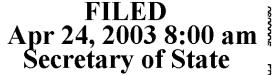
2196 MAIN ST., SUITE L **DUNEDIN FL 34698**

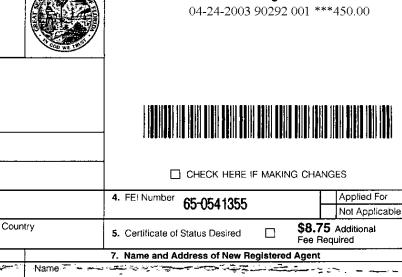
City & State

Zip

2316 S.R. 580

US





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 Mgke Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADI	DITIONS/CHANGES TO OFFICERS	S AND DIREC	TORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BYRD, BONNIE M 3067 SUGAR BEAR TRAIL PALM HARBOR FL 34684	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chi	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chi	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المنظوميون المطريق ويلا المال الم	□ .Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chi	ange	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Cha	inge	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:

Davtime Phone #