


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

DOCUMENT # P94000074425			
1. Entity Name AUTO INSURANCE PLUS, INC.			
Principal Place of Business 6795 STRLING RD DAVIE, FL 33314 US		Mailing Address 6795 STRLING RD DAVIE, FL 33314 US	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI number 65-0528132		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALFRED SABOTKA 3770 NW 58TH STREET COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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		DATE	
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 NAME STREET ADDRESS CITY-STATE-ZIP	DP SABOTKA, ALFRED 3770 NW 58TH ST COCONUT CREEK, FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP SABOTKA, BARBARA 3770 N.W. 58TH STREET COCONUT CREEK, FL 33067	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(13)(1), 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>Alfred Sabotka</i>		Date: 7-14-03	

55053648



CHECK HERE IF MAKING CHANGES

CHECKBOX (10/02)

Attachment 1

55053648

~~AP94000074425~~

August 15, 2003

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32134

Reference: Auto Insurance Plus, Inc.
2003 Corporation Profit Annual Report

Taxpayer's Assistance:

We previously submitted our corporate annual report accompanied by our check in the amount of \$158.75 as instructed to us, by the Department of State. We had originally called the DOS to report that we had not received our corporate annual report for 2003. After complying with the instructions we received the attached letter from the DOS.

We had recently moved and never received our annual report. Please apply the fees we have already paid \$150.00 to our 2003 corporate annual report and \$8.75 for our recertification certificate as originally was originally intended.

Thanking you in advance for your assistance.

Sincerely yours,
Alfred Sabotka



Auto Insurance Plus, Inc.
President