

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90613 045 ***150.00

DOCUMENT # P94000083242

1. Entity Name

Nation Automobile Protection, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2345 Okeechobee Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2345 Okeechobee Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0540536

Applied For

☐ Not Applicable

Zip

33409

Country

Palm Beach

Zip

33409

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FHS Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

11780 US Highway One

Suite 300

City

North Palm Beach

FL

Zip Code
33408

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

DPS
Cuillo, Robert S.
2345 Okeechobee Blvd.
West Palm Beach, FL

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

T
Hotary, Michael
2345 Okeechobee Blvd.
West Palm Beach, FL

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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 607, 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 SIGNING OFFICER OR DIRECTOR

MICHAEL HOTARY

4-30-02 561-478-4990

Date

Daytime Phone #

CR2E034B (12/01)