

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94 0000 89937

1. Entity Name

AMERICAN AUTO STAR COMPANY

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90051 046 \*\*\*150.00

Principal Place of Business

Mailing Address

Suite 201 - Building 103  
CENTURY 21 DRIVE  
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

103 Century 21 Drive  
Suite, Apt. #, etc.  
201

103 Century 21 Drive  
Suite, Apt. #, etc.  
201

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

59-3281106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PADRAIC E. MULVHILL  
Suite 201 - Building 103  
CENTURY 21 DRIVE  
JACKSONVILLE FL 32216 US

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	<u>PRESIDENT - DIRECTOR</u> <input type="checkbox"/> Delete
NAME	<u>JAMES R. JOHNSON</u>
STREET ADDRESS	<u>103 Century 21 Drive Suite #201</u>
CITY-ST-ZIP	<u>JACKSONVILLE, FL 32216</u>
TITLE	<u>TREASURER</u> <input type="checkbox"/> Delete
NAME	<u>PATRICIA D. SMITH</u>
STREET ADDRESS	<u>103 Century 21 Drive Suite #201</u>
CITY-ST-ZIP	<u>JACKSONVILLE FL 32216</u>
TITLE	<u>Secretary - Director</u> <input type="checkbox"/> Delete
NAME	<u>PADRAIC E. MULVHILL</u>
STREET ADDRESS	<u>103 Century 21 Drive Suite #201</u>
CITY-ST-ZIP	<u>JACKSONVILLE, FL 32216</u>
TITLE	<u>DIRECTOR</u> <input type="checkbox"/> Delete
NAME	<u>G. LARRY SIMS</u>
STREET ADDRESS	<u>501 NORTH GRANDVIEW AVE.</u>
CITY-ST-ZIP	<u>DAYTONA BEACH, FL 32118</u>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Padraic E. Mulvihill

Secretary - Director March 31, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904.725.9700

CR2E034 (9/99)