2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P95000020298** 1. Entity Name AUTO MAX, INC. 04-26-2001 90261 050 ***150.00 Principal Place of Business Mailing Address 2075 N. WICKHAM RD. 2075 N. WICKHAM RD. MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3304961 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HELDRETH, JOHN M Street Address (P.O. Box Number is Not Acceptable) 2075 N. WICKHAM ROAD MELBOURNE FL 32935 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, typed or printed name of registered agent and the if applicable, (NOTE: Registered Agent's gradure required when reinstating) DAT FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE □ Delete [] Addition Change NAME HELDRETH, JOHN M NAME STREET ADDRESS 2075 N. WICKHAM ROAD STREET ADDRESS City-St-ZiP CHY-ST-7IP MELBOURNE FL 32935 TITLE ☐ Dolete THE f 1 Change Addition NAME HELDRETH, CATHERINE E NAME STREET ADDRESS STREET ADDRESS 2075 N. WICKHAM ROAD CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete TITLE TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP De etc 1111 = TITLE Change Adoltion NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete PLE []] Change Acdition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST Z.P TITI,E Delete 11113 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP OITY-ST-7:P 13. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the certification of the exemption of the corporation or the exemption of the exemption of the exemption of the 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.