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FILED

03 DEC 19 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P95000030104
1. Entry Name
VENICE MOTOR CARS, INC.

Principal Place of Business
**300 VENICE BY PASS SOUTH
VENICE, FL 34292**

Mailing Address
**300 VENICE BY PASS SOUTH
VENICE, FL 34292**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State
Zip

4. Name and Address of Current Registered Agent
**AUSTIN, ROBERT G
300 VENICE BY PASS SOUTH
VENICE, FL 34292**

7. Name and Address of New Registered Agent
Name
TIM L JALOB
Street Address (P.O. Box Number is Not Acceptable)
300 VENICE BY PASS SOUTH
City
VENICE FL Zip Code
34292

8. The above named entry 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
Tim L Jalob PRESIDENT 5/6/03

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	☒ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

600024698356
11/14/03--01011--010 **150.00
90136679
REINSTATEMENT 23



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0574512

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**AUSTIN, ROBERT G
300 VENICE BY PASS SOUTH
VENICE, FL 34292**

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CITY-STATE-ZIP		CITY-STATE-ZIP	

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 employees.

SIGNATURE: *Tim L Jalob* PRES 5/6/03 944-183-3492

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