

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90066 046 ***158.75

DOCUMENT # P95000037915

1. Entity Name
AUTOMART WHOLESALE, INC.



Principal Place of Business
**1402 E. GORE ST.
SUITE 1
ORLANDO FL 32806
US**

Mailing Address
**1402 E. GORE ST.
SUITE 1
ORLANDO FL 32806
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0587487**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUGARMAN, ERIC
1402 E. GORE ST.
SUITE 1
ORLANDO FL 32806**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eric Sugarman* Signature, typed or printed name of registered agent and title if applicable.

Eric Sugarman President

9-8-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

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 **P** ☐ Delete
NAME **SUGARMAN, ERIC**
STREET ADDRESS **1402 E. GORE ST., SUITE 1**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-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 empowered.

SIGNATURE:

Eric Sugarman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-03

Date

407-896-8563

Daytime Phone #

CR2E034 (4/03)

Attachment

80146455

P95000037915

Automart Wholesale Inc.

1402 East Gore Street

Suite 1

Phone (407) 896-9563

Fax (407) 897-6163

ESugar1@aol.com

September 8, 2003

Uniform Business Report

Division of Corporations

P.O. Box 1500

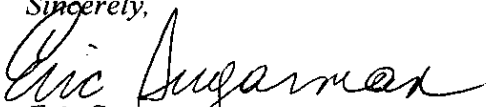
Tallahassee, FL 32302-1500

To whom it may concern,

I never received a Uniform Business Report before this recent copy.

Therefore, I am requesting that you accept the original fee. I am sending in \$158.75 to satisfy that requirement. If there is any question, please call me at (407) 896-9563. I thank you in advance for your understanding.

Sincerely,



Eric Sugarman

President

Automart Wholesale Inc.