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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0587487 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

SIGNATURE Eric Sugarman Eric Sugarman President 9-8-03
Signature, typed or printed name of registered agent and title if applicable. (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	TITLE	☐ Change ☐ Addition
NAME	SUGARMAN, ERIC	NAME	
STREET ADDRESS	1402 E. GORE ST., SUITE 1	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (4/03)

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 REQUIRED 9-8-03 407-896-9563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

80144455

#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

Eric Sugarman
President
Automart Wholesale Inc.