## - 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P95000062731** 1. Entity Name A AMERICAN AUTO INSURANCE OF ALTAMONTE INC. 03-20-2000 90048 041 \*\*\*150.00 Mailing Address Principal Place of Business 101 S. WYMORE RD 101 S. WYMORE RD 159 1100311.59 ALTAMONTE SPRGS FL 32714-4261 ALTAMONTE SPRGS FL 32714 US U\$ 3. Malling Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3331894 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOSANI, MARK A. Street Address (P.O. Box Number is Not Acceptable) 101 S. WYMORE RD #159 ALTAMONTE SPRGS FL 32714 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change Addition TITLE DOSANI, MANSOOR A. NAME NAME STREET ADDRESS STREET ADDRESS 1640 CRESTVIEW DR. CITY-ST-ZIP CITY-ST-ZIP MT. DORA FL 32757 ☐ Change ■ Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 feceiver 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. MANSOUR A JOSANI 3-14-00 (407) 865-9975 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR