4/24

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 18, 2001 8:00 am**
**Secretary of State**
04-24-2001 90298 050 ***150.00

DOCUMENT # P95000086800

1. Entity Name
AUTO NEGOTIATORS INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1240 AIRPORT RD. S.<br>NAPLES FL 34104 | 1472 AIRPORT ROAD S<br>1<br>NAPLES FL 34104 |

DO NOT WRITE IN THIS SPACE

| 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 65-0627815 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

MORANDE, JAMES A. JR.
985 TARPON COVE DR #101
NAPLES FL 34110

**7. Name and Address of New Registered Agent**

Name: Doug Lewis
(Address P.O. Box Number is Not Acceptable): 850 Park Shore Dr - 3rd Floor
Trianon Centre
City: Naples FL Zip Code: 34103

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 _____ 5/8/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2001 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MORANDE, MICHAEL J.<br>9771 SPRINGRIDGE CIRCLE<br>ESTERO FL 33928 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>9030 Harvest Wood Court<br>Estero, FL 33928 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MORANDE, JAMES A<br>1575 OSPREY AVE<br>NAPLES FL 34102 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>5205 Old Gallows Way<br>Naples, FL 34105 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>PINKSTON, KERNEY L.<br>735 102ND AVE<br>NAPLES FL 34108 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MORANDE, ROBERT J<br>26231 SIENA DR<br>BONITA SPRINGS FL 34134 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Donna Morande<br>5205 Old Gallows Way<br>Naples, FL 34105 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ James A. Morande 4-17-2001 (941) 732-8909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #