

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038964

1. Entity Name
A & R AUTOMOTIVE, INC.Principal Place of Business
10018 SPANISH ISLES BLVD.
BAY 19
BOCA RATON FL 33428Mailing Address
10018 SPANISH ISLES BLVD.
BAY 19
BOCA RATON FL 334282. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.4. FEI Number
City & State5. Certificate of Status Desired
Zip Country Zip Country6. Name and Address of Current Registered Agent
ADAMS, JUDY
11119 S. TERRADAS IN.
BACO RATON FL 33428

7. Name and Address of New Registered Agent

Name: SHANNON ROBERTS
Street Address (P.O. Box Number is Not Acceptable)
11168 MODER CIRCLE W
BOCA RATON, FL
City: FL Zip Code: 33428

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

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 State10. 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: D
NAME: ROBERTS, LOCKE
STREET ADDRESS: % 10018 SPANISH ISLES BLVD. BAY 19
CITY-ST-ZIP: BOCA RATON FL 33428 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE: D
NAME: ADAMS, JUDY
STREET ADDRESS: % 10018 SPANISH ISLES BLVD. BAY 19
CITY-ST-ZIP: BOCA RATON FL 33428 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE: D
NAME: ROBERTS, SHANNON
STREET ADDRESS: % 10018 SPANISH ISLES BLVD. BAY 19
CITY-ST-ZIP: BOCA RATON FL 33428 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE: D
NAME: ADAMS, KENNETH E
STREET ADDRESS: % 10018 SPANISH ISLES BLVD. BAY 19
CITY-ST-ZIP: BOCA RATON FL 33428 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

551417



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)