

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000067385 1. Entity Name J. C. AUTOMOTIVE INC.																																	
Principal Place of Business 6019 BAYOU GRANDE BLVD. N.E. ST. PETERSBURG, FL 33703		Mailing Address 6019 BAYOU GRANDE BLVD. N.E. ST. PETERSBURG, FL 33703																															
2. Principal Place of Business	3. Mailing Address																																
Suite, Apt. #, etc.	Suite, Apt. #, etc.																																
City & State	City & State																																
Zip	Country	Zip																															
		Country																															
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																															
CUFFEL, JOE A 6019 BAYOU GRANDE BLVD. N.E. ST. PETERSBURG, FL 33703		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 _____ (NOTE: Registered Agent signature required when amending) DATE _____																																	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: center;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">P</td> <td style="padding: 2px;">CUFFEL, JOE A</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">6019 BAYOU GRANDE BLVD NE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">ST PETERSBURG, FL</td> <td></td> </tr> </table> </td> <td style="width: 15%;"></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">VS</td> <td style="padding: 2px;">CUFFEL, MARY T</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">6019 BAYOU GRANDE BLVD NE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">ST PETERSBURG, FL</td> <td></td> <td></td> </tr> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">P</td> <td style="padding: 2px;">CUFFEL, JOE A</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">6019 BAYOU GRANDE BLVD NE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">ST PETERSBURG, FL</td> <td></td> </tr> </table>	P	CUFFEL, JOE A	<input type="checkbox"/> Delete	STREET ADDRESS	6019 BAYOU GRANDE BLVD NE		CITY-ST-ZIP	ST PETERSBURG, FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition	VS	CUFFEL, MARY T	<input type="checkbox"/> Delete		STREET ADDRESS	6019 BAYOU GRANDE BLVD NE			CITY-ST-ZIP	ST PETERSBURG, FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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| 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: *Mary Cuffel* **MARY CUFFEL** 4-25-03 727-528-4169 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |

CR2E034 (10/02)