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

DOCUMENT #

P96000096205

1. Entity Name

P & L AUTOS, INC.



FILED Jan 15, 2003 8:00 am **Secretary of State** 

01-15-2003 90259 034 \*\*\*150.00

Principal Place of Business

4155 DOW ROAD

STE A

MELBOURNE FL 32935

Mailing Address

461 IBIS LANE

SATELLITE BEACH FL 32937-3702

2. Principal Place of Business

134 HIBISCUS Suite, Apt. #, etc.

3. Mailing Address

1B15

Suite, Apt. #, etc.

City & State

🛕 CHECK HERE IF MAKING CHANGES

**90002766** 

City & State

MELBOURNE

SATEULITE

Country US

5. Certificate of Status Desired

59-3413074

\$8.75 Additional

Applied For

Not Applicable

US.

7. Name and Address of New Registered Agent

Fee Required

6. Name and Address of Current Registered Agent

DOW, EDWARD F **461 IBIS LANE** 

SATELLITE BEACH FL 32937-3702

Street Address (P.O. Box Number is Not Acceptable)

EDWARD

4. FEI Number

1815

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

bow.

5tm of 2003

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition DOW, EDWARD F. modress DOW, EDWARD F NAME NAME 461 IBIS LANE STREET ADDRESS 463 1315 LANS STREET ADDRESS SATELLITE BEACH FL 32937-3702 CITY-ST-ZIP CITY-ST-ZIP SATELLINE REACH. FL.S TITLE ☐ Delete TITI F 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-7/P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

MA COUN