

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90023 010 ***150.00

DOCUMENT # P96000100311

1. Entity Name

THE AUTO EXCHANGE CLUB, INC.

Principal Place of Business

Mailing Address

502 PINE ST
PALM HARBOR FL 33756
US

4229 ELLINWOOD BLVD.
PALM HARBOR FL 34685-1168

2. Principal Place of Business

3. Mailing Address

5655 WELLINGTON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM HARBOR, FL

4. FEI Number

59-3418217

Applied For

Not Applicable

Zip

Country

Zip

Country

34685

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMOND, JAMES M ESQ.
1831 N. BELCHER ROAD
SUITE A-1
CLEARWATER FL 34625

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.

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, 2000 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 **D** ☐ Delete
NAME **SERGIO WECHSLER**
STREET ADDRESS **4229 ELLINWOOD BLVD**
CITY-ST-ZIP **PALM HARBOR FL**

☒ Change ☐ Addition
TITLE **5655 WELLINGTON DR.**
NAME **PALM HARBOR, FL 34685**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **ANDRESON, DEAN**
STREET ADDRESS **2046 BRENDLA RD.**
CITY-ST-ZIP **CLEARWATER FL**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BRANDON GERBER**
STREET ADDRESS **2052 BRENDLA RD.**
CITY-ST-ZIP **CLEARWATER FL**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MEL ABRAHAMS**
STREET ADDRESS **8516 FOREST GLADE DR.**
CITY-ST-ZIP **BAYONET POINT FL**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SERGIO WECHSLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)