

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000100311**

1. Entity Name

**THE AUTO EXCHANGE CLUB, INC.**

Principal Place of Business

**502 PINE ST  
PALM HARBOR FL 33756  
US**

Mailing Address

**5655 WELLINGTON DR  
PALM HARBOR FL 34685**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3418217**Applied For  
Not Applicable5. 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, 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 **D** ☐ Delete  
STREET ADDRESS **SERGIO WECHSLER**  
CITY-ST-ZIP **5655 WELLINGTON DR  
PALM HARBOR FL 34685**TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME **P** ☐ Delete  
STREET ADDRESS **ANDRESON, DEAN**  
CITY-ST-ZIP **2046 BRENDLA RD.  
CLEARWATER FL**TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME **VP** ☒ Delete  
STREET ADDRESS **BRANDON GERBER**  
CITY-ST-ZIP **2052 BRENDLA RD.  
CLEARWATER FL**TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME **VP** ☐ Delete  
STREET ADDRESS **MEL ABRAHAMS**  
CITY-ST-ZIP **8516 FOREST GLADE DR.  
BAYONET POINT FL**TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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

**SERGIO WECHSLER, CHAIRMAN FEB 20, 01 (727) 773-0996**

Date

Daytime Phone #

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90031 006 \*\*\*150.00

**814945**

DO NOT WRITE IN THIS SPACE

0427059

CR2E034 (10/00)