

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90023 015 \*\*\*150.00

**DOCUMENT # P96000102003**

**1. Entity Name**  
**AUTO MENDERS INC.**

**Principal Place of Business**

**5655 BEAVER ST**  
**JACKSONVILLE FL 32254**

**Mailing Address**

**5655 BEAVER ST**  
**JACKSONVILLE FL 32254**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number 59-3414832**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PLYE, PATRICIA A**  
**4220 LANE AVE SOUTH**  
**JACKSONVILLE FL 32210**

**7. Name and Address of New Registered Agent**

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, 2002 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**

**TITLE** **P** ☐ Delete  
**NAME** **PLYE, PATRICIA A**  
**STREET ADDRESS** **11303 BRANAN FIELD ROAD**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32222**

**TITLE** **VPT** ☐ Delete  
**NAME** **WIECHMAN, GLENDA**  
**STREET ADDRESS** **8730 BARCO**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32244**

**TITLE** **T** ☐ Delete  
**NAME** **RHODES, PATRICIA A**  
**STREET ADDRESS** **1067 N. EDGEWOOD AVE.**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32254**

**TITLE** **S** ☐ Delete  
**NAME** **MANASCO, MARY**  
**STREET ADDRESS** **4756 CHARWOOD DR.**  
**CITY-ST-ZIP** **CALLAHAN FL 32011**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**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 another like empowered.**

**SIGNATURE:**

*Patricia A. Pyle* **PATRICIA A. PYLE PRES.** **1-17-02** **904-693-2623**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAILED  
 1/1

CR2E034 (9/01)