

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91435 033 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3414832**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLYE, PATRICIA A**

**4220 LANE AVE SOUTH  
JACKSONVILLE FL 32210**

Name

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

**11303 BRANAN FIELD ROAD**

City

**JAX**

FL

Zip Code

**32202**

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

*Patricia A. Pyle* **PATRICIA A. PYLE PRES.**

**3/28/03**

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **VPT & SEC.**  
STREET ADDRESS **WIECHMAN, GLENDA**  
CITY-ST-ZIP **8730 BARCO  
JAX FLA 32244**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Patricia A. Pyle* **PATRICIA A. PYLE PRES.**

Date

**3/28/03**

Daytime Phone #

**904-693-2623**

CR2E034 (10/02)