## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State P97000010649 DOCUMENT # 1. Entity Name 05-22-2002 90108 003 \*\*\*150.00 AUTO EXTRAS OF PANAMA CITY, INC. Mailing Address Principal Place of Business 511 AIRPORT RD 511 AIRPORT RD PANAMA CITY FL 32405 447 PANAMA CITY FL 32405 3. Mailing Address -3119-Highway-77 2. Principal Place of Business 3119 Highway DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3425186 Panama City, ${ m FL}$ Not Applicable Panama City,=FL \$8.75 Additional Country Zip 32405-5005 Country 5. Certificate of Status Desired 32405-5005 Fee Required USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WORRELL, ROLAND Street Address (P.O. Box Number is Not Acceptable) 3119 Highway 77 511 AIRPORT RD PANAMA CITY FL 32405 <sup>City</sup> Panama City 32405-5005 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE NAME NAME WORRELL, ROLAND 3119 Highway 77 STREET ADDRESS STREET ADDRESS 511 AIRPORT RD Panama Čity, FL 32405-5005 CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME WORRELL, MELODIE C NAME 3119 Highway 77 15. -STREET ADDRESS STREET ADDRESS 511 AIRPORT RD Panama City, FL 32405-5005 CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with ap-

13. Thereby 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 reports, but the 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 employee of a execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter in the component with an extraction of the corporation of the corporation of the receiver of the corporation of the cor

(850) 872-9600

**FILED**