**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment w

SIGNATURE:

## Feb 01, 2002 8:00 am Secretary of State P97000011808 DOCUMENT # 1. Entity Name CORNELL'S AUTOMOTIVE INC. 02-01-2002 90043 045 \*\*\*150.00 Principal Place of Business . Mailing Address 5850 LENOX AVENUE. : 5850 LENOX AVENUE JACKSONVILLE FL 32205 / Confirm JACKSONVILLE FL 32205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3424407 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVEIRA, ALICE F Street Address (P.O. Box Number is Not Acceptable) **5850 LENOX AVENUE** JACKSONVILLE FL 32205 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1193; CR2E034 (9/01) ☐ Delete TITLE Addition NAME STATE SILVEIRA, CORNELL NAME 41 STREET ADDRESS **5850 LENOX AVENUE** STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-ZIP TITLE STD TITLE ☐ Delete ☐ Change ☐ Addition NAME SILVEIRA, ALICE F NAME STREET ADDRESS **5850 LENOX AVENUE** STREET ADDRESS CITY-ST-ZIE JACKSONVILLE FL 32205 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE - Change \_ 🖃 Addition= 🖹 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS 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 muse empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if