

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000026339

FILED
Mar 22, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA AUTO TAG AGENCY, INC.

Current Principal Place of Business:

1155 W. WASHINGTON
MONTICELLO, FL 32344 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-3448980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'STEEN, JX
2900 E. PARK AVE.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LILES, PATRICIA
Address: 2916 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: LILES, BOB
Address: 2916 E PRK AVE
City-St-Zip: TALLAHASSE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB E LILES

VP

03/22/2002

Electronic Signature of Signing Officer or Director

Date