

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90733 032 ***150.00

DOCUMENT # *p97000056482*

1. Entity Name

AUTOGAP, INC.



DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

801 Harrison

3. Mailing Address

801 Harrison

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

Hollywood FL

City, State

Hollywood FL

4. FEI Number

65-0770069

Applied For
Not Applicable

Zip *33019*

Country *USA*

Zip *33019*

Country *USA*

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Linda Giordano*

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

801 Harrison

City

Hollywood

FL

Zip *33019*

**DO NOT WRITE
IN THIS SPACE**

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

Linda J. Giordano

Linda Giordano

4-10-03

Signature, type, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P Linda J. Giordano 801 Harrison Hollywood, FL 33019</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda J. Giordano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

9549270229

Daytime Phone #