


**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 Suite, Apt. #, etc.
3. Mailing Address 801 Harrison Suite, Apt. #, etc.
City & State Hollywood FL City & State Hollywood FL
Zip 33019 Country USA Zip 33019 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0770069 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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

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	<u>P Linda J. Giordano</u>	TITLE	
NAME	<u>801 Harrison</u>	NAME	
STREET ADDRESS	<u>Hollywood, FL 33019</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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IN THIS SPACE**

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 4/10/03 9549270229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #