2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91175 049 ***150.00

DOCUMENT # P97000057404

1. Entity Name
PREFERRED AUTOMOTIVE GROUP, INC.

Principal Place of Business	Mailing Address
1325-C DEL PRADIO BLVD. CAPE CORAL FL 33990	1325-C DEL PRADIO BLVD. CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12581 Metro Parkway	
Suite, Apt. #, etc. #4	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State
Zip: 33912 Country: USA	Zip Country

4. FEI Number 65-6766008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARY, DAVID W
1325-C DEL PRADIO BLVD.
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	FULLER, MICHAEL A
STREET ADDRESS	P.O. BOX 3823
CITY-ST-ZIP	REDWOOD CITY CA 94064 ☐ Delete
TITLE	ST
NAME	CARY, DAVID W
STREET ADDRESS	1325 DELPRADO BLVD
CITY-ST-ZIP	CAPE CORAL FL 33990 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P ☐ Change ☒ Addition
NAME	Fuller Michael A
STREET ADDRESS	P.O. BOX 3823
CITY-ST-ZIP	REDWOOD CITY CA 94064
TITLE	D ☐ Change ☒ Addition
NAME	CARY DAVID W
STREET ADDRESS	1325 DEL PRADO Blvd
CITY-ST-ZIP	CAPE Coral FL 33990.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 3/8/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #