

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90960 001 ***150.00

DOCUMENT # P97000063667

1. Entity Name
FIRST CHOICE AUTOMOBILES, INC.



Principal Place of Business
11907 N FLORIDA AVE
TAMPA FL 33612

Mailing Address
11907 N FLORIDA AVE
TAMPA FL 33612

2. Principal Place of Business
13629 N. Florida Ave
Suite, Apt. #, etc.

3. Mailing Address
13629 N. Florida Ave
Suite, Apt. #, etc.

City & State
Tampa, FL
Zip
33613

Country
U.S.

City & State
Tampa, FL
Zip
33613

Country
U.S.

4. FEI Number
59-3523964

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CUMMINGS, THOMAS L
11907 N FLORIDA AVE
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name
Simpson, Steven R
Street Address (P.O. Box Number is Not Acceptable)
13629 N. Florida Ave
City
Tampa **FL** **Zip Code**
33613

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 *Steven R Simpson Pres* **DATE** **4/24/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE V	<input type="checkbox"/> Delete
NAME SIMPSON, STEVEN R	
STREET ADDRESS 11907 N FLORIDA AVE	
CITY-ST-ZIP TAMPA FL 33612	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME CUMMINGS, THOMAS L	
STREET ADDRESS 11907 N FLORIDA AVE	
CITY-ST-ZIP TAMPA FL 33612	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Simpson, Steven R.	
STREET ADDRESS 13629 N. Florida Ave	
CITY-ST-ZIP Tampa, FL 33613	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven R. Simpson* **DATE** **4/24/03** **DAYTIME PHONE #** **813 294 2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)