

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91170 046 ***150.00

DOCUMENT # **97 0000 7332**

1. Entity Name
AUTO ACCESS, INC.

Principal Place of Business
1100 SE 24th ST
FORT LAUDERDALE
FL 33316

Mailing Address
P.O. Box 21565
FORT LAUDERDALE
FL 33335

771305

2. Principal Place of Business
1100 SE 24th ST
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 21565
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE FL
 Zip **33316** Country **USA**

City & State
FORT LAUDERDALE FL
 Zip **33335** Country **USA**

4. FEI Number
65-0782826

Applied For
 Not Applicable

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

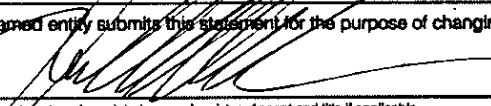
6. Name and Address of Current Registered Agent

MARSHALL A. ADAMS
1100 SE 24th ST
FORT LAUDERDALE FL
33316

7. Name and Address of New Registered Agent

Name **MARSHALL A. ADAMS**
 Street Address (P.O. Box Number is Not Acceptable)
1100 SE 24th ST
 City **FORT LAUDERDALE FL** Zip Code **33316**

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  **MARSHALL A. ADAMS** **4/30/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

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 **P/D** ☐ Delete
 NAME **MARSHALL A. ADAMS**
 STREET ADDRESS **1100 SE 24th ST**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **V/D** ☐ Delete
 NAME **NIGEL A. ALSTON**
 STREET ADDRESS **1139 E COMMERCIAL BLVD**
 CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Address ONLY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Address ONLY**
 STREET ADDRESS
 CITY-ST-ZIP

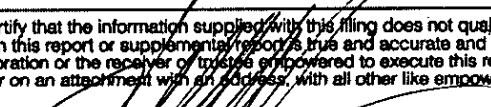
TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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:  **MARSHALL A. ADAMS** **4/30/01** **9545201519**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)