2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91170 046 ***150.00

DOCUMENT # 97 00007332

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1. Entity Name
AUTO ACCESS, INC.

Principal Place of Business	Mailing Address
1100 SE 24th ST FORT LAUDERDALE FL 33316	P.O. BOX 21565 FORT LAUDERDALE FL 33335

2. Principal Place of Business	3. Mailing Address
1100 SE 24th ST	P.O. BOX 21565
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE FL	City & State: FORT LAUDERDALE FL
Zip: 33316 Country: USA	Zip: 33335 Country: USA

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
MARSHALL A. ADAMS 1100 SE 24th ST FORT LAUDERDALE FL 33316	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 reinstating) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MARSHALL A. ADAMS 1100 SE 24th ST FORT LAUDERDALE, FL 33316	☐ Delete	☑ Change ☐ Addition ADDRESS ONLY	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D NIGEL A. ALSTON 1139 E COMMERCIAL BLVD OAKLAND PARK FL 33334	☐ Delete	☑ Change ☐ Addition ADDRESS ONLY	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E034 (11/00)

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: _____ MARSHALL A. ADAMS 4/30/01 9545201519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #