FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700084426 1. Entity Name AUTO PRO, INC.							Feb 17, 2002 8:00 am Secretary of State 02-17-2002 90101 010 ***150.00				
Principal Place of Business 1400 EDGEWATER DR. ORLANDO FL 32804			Mailing Address 1400 EDGEWATER DR. ORLANDO FL 32804								
2. Principal Place of Business			3. Mailing Address						:	 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	El Number 59-3473107	,		plied For Applicable	
Zip	Country		Zip Coun		у	5. Certificate of Status Desired		1 1 7	8.75 Add	itional	
<u> </u>	6. Name	and Address of Current Re	gistered Agent		Name	7. N	lame and Address of New F	tegistered Ag	ent		
SHEMANS 6219 RAN	SKY, JOSEI NIER DR.	PH G			Name Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO	O FL 32810				City		/4****	FL	Zip Code)	
SIGNATURE . 9. This corporate filing r	Signature, typed	y submits this statement for the or printed name of registered agent and tible to satisfy its Intangible and elects to do so.		Registered /	Agent signature r S \$150.00 rill be \$550	nequired when re 0.00 If State	instating) 10. Election Campaign Fir Trust Fund Contributio	DATE nancing	Added	O May Be to Fees	
11	1 -	OFFICERS AND DI		12.	i	AD	DITIONS/CHANGES TO OFF				
NAME STREET ADDRESS CITY-ST-ZIP	6219 RAN	SKY, JOSEPH IIER DRIVE) FL 32810	□ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			(Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	***	.,,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S		Lin Soction	119 07/3Vi) Elorida Statutas		Change	Addition	

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 attachracter at the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corpo

SIGNATURE: _

Daytime Phone #