

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91778 028 \*\*\*150.00

DOCUMENT # P97000100746

1. Entity Name  
AUTO INSURANCE AMERICA S.P., INC.



Principal Place of Business  
1140 SOUTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33316

Mailing Address  
1140 SOUTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33316



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

65-0797022

Applied For

☒ Not Applicable

Zip

Country

Zip

33316

Country

BRUNSWICK

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

PASCALE, JOHN  
1140 S FEDERAL HWY  
FT LAUDERDALE FL 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
PASCALE, JOHN  
1140 SOUTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33316

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PASCASIO  
SARQ

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PASCALE, JOHN  
1140 SOUTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33316

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ANGELA MARY JONES  
PRESIDENT

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
no br: Name to  
officers from  
changed to:

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
del to  
ANGELA MARY JONES  
PRESIDENT

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ALL DRIVERS DISCOUNT INS  
1142 SOUTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 33316  
(954) 763-9395

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
del to  
MARIA DELGADO, as Secretary

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/O's - del to:

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
del to  
MARIA DELGADO, as Secretary

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/O's - del to:

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
del to  
MARIA DELGADO, as Secretary

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)