

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90063 003 ***150.00

DOCUMENT # P98000004000

1. Entity Name
PREMIER AUTO WORKS, INC.

Principal Place of Business 5008 W. LINEBAUGH AVE. SUITE 11 TAMPA FL 33624	Mailing Address 5008 W. LINEBAUGH AVE. SUITE 11 TAMPA FL 33624
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>5004 D W Linebaugh Ave</i>	3. Mailing Address <i>5004 D W Linebaugh Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Tampa, FL</i>	City & State <i>Tampa, FL</i>
Zip <i>33624</i>	Country <i>USA</i>

4. FEI Number 59-3486087	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LABBAN, JONATHON
 5008 W. LINEBAUGH AVE
 SUITE 11
 TAMPA FL 33624

7. Name and Address of New Registered Agent
 Name
Labban Jonathon
 Street Address (P.O. Box Number is Not Acceptable)
5004 D W Linebaugh Ave.
 City
Tampa FL Zip Code
33624

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: *[Signature]* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LABBAN, GUS J 5008 W. LINEBAUGH AVE., SUITE 11 TAMPA FL 33624	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD LABBAN, JODI 5008 W. LINEBAUGH AVE., SUITE 11 TAMPA FL 33624	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>5004 D W. Linebaugh Ave</i> <i>Tampa, FL 33624</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>5004 D W. Linebaugh Ave</i> <i>Tampa, FL 33624</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* **G. Jonathon Labban** Date: *4/6/01* (813) 264-6968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)