

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004692

1. Entity Name
AUTOMOBILE SPECIALISTS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90008 017 ***158.75

Principal Place of Business Mailing Address
1472 AIRPORT PULLING ROAD S. **P.O. BOX 1149**
NAPLES FL 34101 **AUBURN AL 36831**

2. Principal Place of Business 3. Mailing Address
11295 S Cleveland Ave Suite, Apt. #, etc.

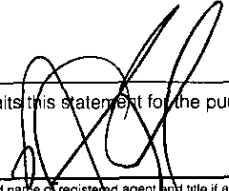
City & State City & State
FT Myers FL City & State
Zip Country Zip Country
33907 **Lee**

4. FEI Number Applied For
65-0814828 Not Applicable

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

6. Name and Address of Current Registered Agent
SHIELDS, NANCY
1472 AIRPORT PULLING ROAD S.
NAPLES FL 34101

7. Name and Address of New Registered Agent
Name **Nancy Shields**
Street Address (P.O. Box Number is Not Acceptable) **11295 S Cleveland Ave**
City **FT Myers** **FL** Zip Code **33907**

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  DATE **2/15/00**
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)

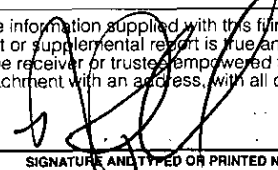
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	FULLER, H D JR
STREET ADDRESS	802 DRUID ROAD W.
CITY-ST-ZIP	CLEARWATER FL 33756
TITLE	ST <input type="checkbox"/> Delete
NAME	SHIELDS, NANCY
STREET ADDRESS	306 SAMFORD AVE
CITY-ST-ZIP	OPELIKA AL 36801
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Shields
STREET ADDRESS	PO Box 1254
CITY-ST-ZIP	Auburn, AL 36831
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE **2/15/00** Daytime Phone # **334-801-7980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)