## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jul 23, 2003 8:00 am Secretary of State

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THE PRICE IS RIGHT AUTO	SALES, INC.		V
Principal Place of Business 6011 15TH ST. E.	Mailing Address 6011 15TH ST. E.		
BRADENTON FL 34203	Bradenton FL 34203	Ì	

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Sign and early FL Bradeston FL Bradeston FL Country Addition Fee Required Fee Requi	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  MEISSNER, GREGORY C 1111 3RD AVE W. 4150  BRADENTON FL 34205  8. The above named entity submits this statement for the pypose of changing its registered address (P.O. Box Number is Not Acceptable)  City  FL Zap Code  8. The above named entity submits this statement for the pypose of changing its registered address (P.O. Box Number is Not Acceptable)  FFL Zap Code  8. The above named entity submits this statement for the pypose of changing its registered address (P.O. Box Number is Not Acceptable)  City  FL Zap Code  8. The Advent Registered Agent  FFL Zap Code  The Advent Registered Agent (P.O. Box Number is Not Acceptable)  FFL Zap Code  FFL Zap Cod	BY ad	enton, FL	Bradenton	FL	4. FEI Number 65-0811465	<b>⊢</b> +				
MEISSNER, GREGORY C 1111 3RD AVE. W. 4150 BRADENTON FL 34205  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 prent.  SIGNATURE Supplies to Florida flate of registered prent.  SIGNATURE Supplies to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE PO ALLOGERATOU, ELPIDA SUBSTANCES CITY-SI-2P  SIRETA ADDRESS CITY-SI-2P  SIRETA ADDRES	3420	3 manatel		Manatee	5. Certificate of Status Desired					
MEISSNER, GREGORY C 1111 3RD AVE. W. #150 BRADENTON FL 34205  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 affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for	ļ <u>.</u>	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registere	d Agent				
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of or registered differ or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of or registered differ or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of or registered differ or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the				<del></del>						
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered Agent.  CHANATURE    CHANATURE	SIVILLIN	ON 1 E 04200		City		Zip Cod	e			
THE NAME STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34203  TILE	8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regis		— (	and accept			
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After September 10, 2003 Fee will be \$750.00 May Be Make Check Payable to Florida Department of State  10.		Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: I	Registered Agent signature req	uired when reinstating) DATE					
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE KALOGERATOU, ELPIDA ON AME STREET ADDRESS OCITY-ST-ZIP  ITILE D CHange Addition  THURMAN, ROBERT ON FL 34203  CITY-ST-ZIP  ITILE STRADERSS OCITY-ST-ZIP  ITILE D SD ON			, \(\sigma\)		Election Campaign Financing	<b>\$</b> E 0	0			
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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 expowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

Daytime Phone #