

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90045 047 ***158.75

DOCUMENT # P98000062256

1. Entity Name

AUTO RESCUE, INC.

Principal Place of Business

3362 SOUTH US HIGHWAY ONE
 FORT PIERCE FL 34982

Mailing Address

3362 SOUTH US HIGHWAY ONE
 FORT PIERCE FL 34982-6679

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0853267

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINSER, DANIEL B
 3362 SOUTH US HIGHWAY ONE
 FORT PIERCE FL 34982

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **KINSER, DANIEL B**
 STREET ADDRESS **3362 SOUTH US HIGHWAY ONE**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **D/P/S/T** Change Addition
 NAME **KINSER, DANIEL B**
 STREET ADDRESS **3362 South U.S. HIGHWAY ONE**
 CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE **D** Delete
 NAME **WATTS, GENE LLOYD**
 STREET ADDRESS **142 SE ENTRADA AVENUE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
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TITLE _____ Delete
 NAME _____
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 CITY-ST-ZIP _____

TITLE _____ Change 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: Daniel B Kinser, Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000 561-465-7416
 Date Daytime Phone #

DANIEL B KINSER

CR2E034 (9/99)