2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 17, 2002 8:00 am § Secretary of State P98000062256 DOCUMENT # 1. Entity Name 04-17-2002 90151 039 ***150.00 AUTO RESCUE, INC. Principal Place of Business Mailing Address 3362 SOUTH US HIGHWAY ONE 3362 SOUTH US HIGHWAY ONE FORT PIERCE FL 34982 FORT PIERCE FL 34982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0853267 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KINSER, DANIEL B Street Address (P.O. Box Number is Not Acceptable) 3362 SOUTH US HIGHWAY ONE FORT PIERCE FL 34982 Zip Code City FL 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, 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 9. Tiris corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE KINSER, DANIEL B NAME NAME 3362 SOUTH US HIGHWAY ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34982 CITY-ST-ZIP TITLE **DPST** ☐ Delete TIT! F ☐ Change ☐ Addition NAME KINSER, DANIEL B NAME STREET ADDRESS STREET ADDRESS 3362 SOUTH U.S. HIGHWAY ONE CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34932 ☐ Delete ☐ Change ☐ Addition TITI F TITLE NĀME NAME* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addiges, with all other like empowered.