

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90373 048 ***550.00

DOCUMENT # P98000074448

1. Entity Name

AUTOMOTIVE INFORMATION MARKETING, INC.

Principal Place of Business

116 LITHIA PINECREST
 STE 200
 BRANDON FL 33511

Mailing Address

116 LITHIA PINECREST
 STE 200
 BRANDON FL 33511

2. Principal Place of Business

410 South Ware Blvd.

3. Mailing Address

410 South Ware Blvd

Suite, Apt. #, etc.

Suite 602

Suite, Apt. #, etc.

Suite 602

City & State

Tampa, FL

City & State

Tampa FL

Zip

33619

Country

USA

Zip

33619

Country

USA

4. FEI Number

59-3537470

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

BRANDSETTER, ALLISON

405 CHASTAIN RD

PO BOX 6888

SEEFNER FL 33503

7. Name and Address of New Registered Agent

Name

410 So. WARE BLVD

SUITE 602A

CITY TAMPA FL

FL 33619

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 agent.

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 \$550.00

After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
 NAME **BRANDSTETTER, RICHARD A JR**
 STREET ADDRESS **116 LITHIA PINECREST, STE 200**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **410 South Ware Blvd., Suite 602**
 CITY-ST-ZIP **Tampa, FL 33619**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/02 813 655 5555

CR2E034 (4/02)