

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075201

1. Entity Name

AUTOMOBILE MOVEMENT EXPERTS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90090 050 ***150.00

Principal Place of Business

2500 DEPAUW AVE.
 ORLANDO FL 32804

Mailing Address

P.O. BOX 593776
 ORLANDO FL 32859-3776

2. Principal Place of Business

8281 Lake Underhill Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Orlando, FL

City & State

4. FEI Number 59-3536741

Applied For

Not Applicable

Zip 32825

Country

Orange

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSO, ALLISON
 2500 DEPAUW AVE.
 ORLANDO FL 32804

Name

Allison Russo

Street Address (P.O. Box Number is Not Acceptable)

615 Lakeview St. #C8

City

Orlando, FL

FL

Zip Code 32804

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 Allison Russo - Director

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

(NOTE: Registered Agent signature required when reinstating)

4.27.00

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
 NAME RUSSO, ALLISON
 STREET ADDRESS 2500 DEPAUW AVE.
 CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE D
 NAME Russo, Allison
 STREET ADDRESS 615 Lakeview St. #C8
 CITY-ST-ZIP Orlando, FL 32804 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.27.00 (407)382-8400