

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019864

1. Entity Name

ANY STATE AUTO TITLE, INC.

Principal Place of Business

Mailing Address

~~312 1/2 SOUTH LAKESIDE DRIVE~~
~~LAKE WORTH FL 33460~~

~~312 1/2 SOUTH LAKESIDE DRIVE~~
~~LAKE WORTH FL 33460~~

2. Principal Place of Business

3. Mailing Address

4199 Palm Bay Cir
Suite, Apt. #, etc. D

4199 Palm Bay Cir
Suite, Apt. #, etc. D

City & State

City & State

West Palm Beach FL

West Palm Bch FL

Zip

Country

Zip

Country

33406

Palm Bch

33406

PB

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & JTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
LEWIS, CHRISTINE A
312 1/2 SOUTH LAKESIDE DRIVE
LAKE WORTH FL 33460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4199-D Palm Bay Circle
WPB, FL 33406 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
Sandra E. Belli
185 Harbourside Cir
Jupiter FL 33417 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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 signatures.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christine Lewis 1/20/01 683-0033

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90090 003 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)