2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023159

1. Entry Name
AUTOMANIACS II, INC.

FILED
02 JUL 30 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
651 N. GOLDENROD RD. SUITE 23 ORLANDO FL 32807 US	542 RIVERWOODS CIRCLE ORLANDO FL 32825

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8211 Newcomer Lane Suite, Apt. #, etc.
City & State	Orlando, FL City & State
Zip / Country	32825-5254 Zip / Country

4. FEI Number 59-3563711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FACCIAROSSA, DANIEL J
542 RIVERWOODS CIRCLE
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name: Daniel J Facciarossa
Street Address (P.O. Box Number is Not Acceptable): 8211 Newcomer Lane
City: Orlando **FL** Zip Code: 32825

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: Daniel Facciarossa — Signature, typed or printed name of registered agent and title if applicable. Daniel Facciarossa (NOTE: Registered Agent signature required when reinstating) DATE: 7/17/02

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, 2002 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	PT FACCIAROSSA, DANIEL J 542 RIVERWOODS CIRCLE ORLANDO FL 32825 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Facciarossa, Daniel J 8211 Newcomer Lane Orlando, FL 32825 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700006947067--5 -08/07/02--01055--015 ****150.00 ****150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700006947067--5 -08/07/02--01055--016 ******8.75 ******8.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Facciarossa — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daniel Facciarossa 7/17/02 — Date

CR2E031 (9/01)