

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051804
 Entity Name
 AUTO MASTERS OF CENTRAL FLORIDA, INC.

FILED

00 APR -6 PM 3:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 312 BERRI PATCH PL
 Melbourne FL 32935

2. Principal Place of Business 3. Mailing Address
 2720 N. HARBOR CITY BLVD 1950 Palmer Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 MELBOURNE FL. Melbourne FL.
 Zip Country Zip Country
 32935 USA 32935-4404 USA

4. FEI Number Applied For
 59-3581542 Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Pamela Minix
 1950 Palmer Dr
 Melbourne FL 32935

7. Name and Address of New Registered Agent
 Name
 JEFFREY K. WATSON
 Street Address (P.O. Box Number is Not Acceptable)
 1950 Palmer Dr
 City Zip Code
 Melbourne FL 32935

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 Jeffrey K. Watson DATE 04/03/2000
 (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	PR. JEFFREY K. WATSON
STREET ADDRESS		STREET ADDRESS	1950 Palmer Dr
CITY-ST-ZIP		CITY-ST-ZIP	Melbourne FL. 32935
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Vice President
STREET ADDRESS		STREET ADDRESS	Willard D. CROSS
CITY-ST-ZIP		CITY-ST-ZIP	518 Summerset Ct
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Indian Harbour Bch. FL. 32927
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	100003237821-1
STREET ADDRESS		STREET ADDRESS	-05/03/00--01084--025
CITY-ST-ZIP		CITY-ST-ZIP	*****150.00. *****150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	100003237821-1
STREET ADDRESS		STREET ADDRESS	-05/03/00--01084--026
CITY-ST-ZIP		CITY-ST-ZIP	*****8.75 *****8.75

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: Jeffrey K. Watson PR. Jeffrey K. Watson DATE 04/03/2000
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)