# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED P99000070390
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 16 AM 10:06

DOCUMENT # P99000070390

1. Entity Name
A-1 PRICELESS AUTO, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6029 US HWY 19<br>NEW PORT RICHEY FL 34652 | 6029 US HWY 19<br>NEW PORT RICHEY FL 34652 |

DO NOT WRITE IN THIS SPACE
05/04/01 00052049 #168.75

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3590402 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| VICARI, RAYMOND A<br>6029 US HWY 19<br>NEW PORT RICHEY FL 34652 | Name: MILLS, ANTHONY D.<br>Street Address (P.O. Box Number is Not Acceptable): 11951 TEE TIME CIRCLE<br>City: NEW PORT RICHEY FL Zip Code: 34654 |

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] (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 | P<br>MILLS, ANTHONY D<br>1520 SEAGULL DR #209<br>PALM HARBOR FL 34685 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VICARI, RAYMOND A<br>4084 ARLINGTON DR<br>PALM HARBOR FL 34685 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CAMINERO, ILIANO<br>9420 LIDO LANE<br>PORT RICHEY FL 34652 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ILIANO A. CAMINERO<br>9535 CONGRESS ST #17<br>Port Richey FL 34668<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOLROYD, DOUG<br>4738 TRAFFORD RD<br>HOLIDAY FL 34690 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Debra-Vicari-Mills<br>6029 U.S. Hwy 19<br>New Port Richey, FL. 34652 | ☒ 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 SP ☒ Addition |

CR2E034 (10/00)

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: Anthony D Mills 4-18-01 727 849 0207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #