2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P99000081310

1. Entity Name
AUTO CARE CONCEPTS ETC., INC.

FILED
Apr 03, 2001 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
136 MEADOW WOODS LANE	136 MEADOW WOODS LANE
NICEVILLE FL	NICEVILLE FL
32578	32578

2. Principal Place of Business	3. Mailing Address
450 SOUTH GERONIMO STREET	450 SOUTH GERONIMO STREET

Suite, Apt. #, etc.	Suite, Apt. #, etc.
406	406

DO NOT WRITE IN THIS SPACE

City & State	City & State
DESTIN FL	DESTIN FL

Zip	Country	Zip	Country
32550		32550	

4. FEI Number	Applied For
59-3598101	Not Applicable

5. Certificate of Status Desired [X]   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRAMER COLEEN M	Name MCMULLEN KIM J
136 MEADOW WOODS LANE	Street Address (P.O. Box Number is Not Acceptable) 450 SOUTH GERONIMO STREET
NICEVILLE FL	406
32578	City DESTIN FL Zip Code 32550

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 **KIM J. MCMULLEN**   **04/03/2001**

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [X]

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 **D**	[ ] Delete	TITLE **D**	[X] Change [ ] Addition
NAME KRAMER JONATHAN P		NAME MCMULLEN WILLIAM B	
STREET ADDRESS 136 MEADOW WOODS LANE		STREET ADDRESS 450 SOUTH GERONIMO STREET #406	
CITY-ST-ZIP NICEVILLE FL 32578		CITY-ST-ZIP DESTIN FL 32550	
TITLE **D**	[ ] Delete	TITLE **D**	[X] Change [ ] Addition
NAME KRAMER COLEEN M		NAME MCMULLEN KIM J	
STREET ADDRESS 136 MEADOW WOODS LANE		STREET ADDRESS 450 SOUTH GERONIMO STREET #406	
CITY-ST-ZIP NICEVILLE FL 32578		CITY-ST-ZIP DESTIN FL 32550	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: KIM J. MCMULLEN   D   04/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #