

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90035 033 ***150.00

0123832

DOCUMENT # P99000098117

1. Entity Name
AUTOMOTIVE SALES AND SERVICE CONSULTANTS, INC.

Principal Place of Business
 1890 SOUTH OCEAN DR
 405E
 HALLANDALE FL 33009
 US

Mailing Address
 1890 SOUTH OCEAN DR
 405E
 HALLANDALE FL 33009
 US

751119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1150 Hillsboro Mile
 Suite, Apt. #, etc.
#404

3. Mailing Address
1150 Hillsboro Mile
 Suite, Apt. #, etc.
#404

City & State
Hillsboro Beach
 Zip
33062 Country
BROWARD

City & State
Hillsboro Beach
 Zip
33062 Country
BROWARD

4. FEI Number **59-3608630** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MORNINGSTAR, MUREL
6251 44TH ST NORTH
PINELLAS PARK FL 34665

7. Name and Address of New Registered Agent

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]

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

TITLE **D** ☐ Delete
 NAME **FUGERE, JOSEPH H JR**
 STREET ADDRESS **2490 N WOODLAND BLVD.**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ Delete
 NAME **FUGERE, JOSEPH H JR**
 STREET ADDRESS **1890 SO OCEAN DRIVE STE 450E**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **JOSEPH H FUGERE JR**
 STREET ADDRESS **1150 Hillsboro Mile #404**
 CITY-ST-ZIP **Hillsboro Beach, FL 33062**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

[Signature]

JOSEPH H. FUGERE JR 4-28-01 (954) 428-2483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)