

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

City & State

Hillsboro Beach

Zip

33062

Zip

33062

Country

Broward

Country

Broward

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90035 033 ***150.00

7 5119



DO NOT WRITE IN THIS SPACE

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, 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

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 D Delete
NAME FUGERE, JOSEPH H JR
STREET ADDRESS 1890 SO OCEAN DRIVE STE 405E
CITY-ST-ZIP HALLANDALE FL 33009

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 and typed or printed name of signing officer or director)

Date

Daytime Phone #