

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90350 016 ***150.00

DOCUMENT #

1. Entity Name

Auto Express of Alachua, INC

799000099309 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1106 SE 4th Ave

Suite, Apt. #, etc.

3. Mailing Address

1106 SE 4th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

357-58-5849

Applied For

Not Applicable

Zip

32601

Country

ALACHUA

Zip

32601

Country

ALACHUA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Auto Express of Alachua Inc

Street Address (P.O. Box Number is Not Acceptable)

1106 SE 4th Ave

City

GAINESVILLE

FL

Zip Code
32601

**DO NOT WRITE
IN THIS SPACE**

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 *K. J. Jauzdani President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Presnl 8/24/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

*President
K. J. Jauzdani
1106 SE 4th Ave
GAINESVILLE, FL 32601*

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *K. J. Jauzdani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/24/02

CR2E034B (12/01)