

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90379 028 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10079623

DOCUMENT # P99000107284 1. Entity Name FERN PARK AUTO SALES, INC.					
Principal Place of Business 7220 HWY 17-92 CASSELBERRY, FL 32730			Mailing Address 7220 HWY 17-92 CASSELBERRY, FL 32730		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONNAUGHTON, BRIAN 10 N SUMMERLIN AVENUE ORLANDO, FL 32801				Name ALBERT KAMHI Street Address (P.O. Box Number is Not Acceptable) 3044 HARBOUR LANDING WAY City CASSELBERRY FL 32707	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: 4/7/03 Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when submitting.)					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$200.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CONNAUGHTON, BRIAN 10 N SUMMERLIN AVENUE, UNIT 14 ORLANDO, FL 32807	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ALBERT KAMHI 3044 HARBOUR LANDING WAY CASSELBERRY FL 32707	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSR CONNAUGHTON, VIVIAN 10 N SUMMERLIN AVENUE, UNIT 14 ORLANDO, FL 32807	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP PATRICIA A. KAMHI 3044 HARBOUR LANDING WAY CASSELBERRY FL 32707	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____	☐ 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 ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: ALBERT KAMHI 4/7/03 407-788-0740 SIGNATURE, TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)