

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90384 044 \*\*\*150.00

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AV

**DOCUMENT # S02032**

1. Entity Name  
**CENTRAL AUTO SALES, INC.**



Principal Place of Business  
**418 GRANT STREET  
PORT ORANGE FL 32118  
US**

Mailing Address  
**1500 BEVILLE ROAD  
606-311  
DAYTONA BEACH FL 32114  
US**

**11038919**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3024478**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**SENKOVICH, MICHAEL  
1500 BEVILLE ROAD  
SUITE 606-311  
DAYTONA BEACH FL 32114**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SENKOVICH, MICHAEL</b>	
STREET ADDRESS	<b>2323 S ATLANTIC AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BCH SHS FL</b>	
TITLE	<b>D ESTATE</b>	<input type="checkbox"/> Delete
NAME	<b>SENKOVICH, DONALD</b>	
STREET ADDRESS	<b>2323 S ATLANTIC AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BCH SHS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CORNELIUS, DAVID</b>	
STREET ADDRESS	<b>2323 S ATLANTIC AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BCH SHS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** SIGNATURE REQUIRED **4-28-03** **380** **589-6940**

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

CR2034 (10/02)