

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23499

1. Entity Name

AUTO-MATCH INTERNATIONAL CAR CLUB, INC.

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

04-28-2001 90069 045 ***150.00

Principal Place of Business

6930 BEACH BLVD
JACKSONVILLE FL 32216

Mailing Address

6930 BEACH BLVD
JACKSONVILLE FL 32216

00042406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3045334

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

7. Name and Address of New Registered Agent

BLACKBURN, BRYAN E.
1921 DEWEY PLACE
JACKSONVILLE FL 32207

Name Patrick L. Roe

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

970 Fruit Cove Rd

City Jacksonville

FL

Zip Code 32259

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 x *Patrick L. Roe*
Signature, typed or printed name of registered agent and title if applicable.

Patrick L. Roe

x 4-20-01

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME ROE, PATRICK L.
STREET ADDRESS 970 FRUIT COVE RD
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

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

TITLE ST
NAME HALL, CATHY C
STREET ADDRESS 1313 LUCKY LANE
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: x *Cathy Crim Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/18/01

Date

904 721-0092

Daytime Phone #

0016729

CR2E034 (10/00)