

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S29303**

1. Entity Name  
**G & J'S AUTO BROKERS, INC.**

FILED  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90059 040 \*\*\*150.00

0479046 AV

Principal Place of Business  
**1588 N TAMAMI TRAIL  
NORTH FT MYERS FL 33903**

Mailing Address  
**1588 N TAMAMI TRAIL  
NORTH FT MYERS FL 33903**

2. Principal Place of Business  
**3. Mailing Address**

Suite, Apt. #, etc.  
**Suite, Apt. #, etc.**

City & State  
**City & State**

Zip  
**Zip**

Country  
**Country**

4. FEI Number  
**65-0245021**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUSSEL, ASSUNTA M  
1588 N TAMAMI TR  
NORTH FT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name  
**Name**

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

City  
**City**

FL Zip Code  
**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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P ASSUNTA, RUSSELL M. 1588 N TAMAMI TR N FT MYERS FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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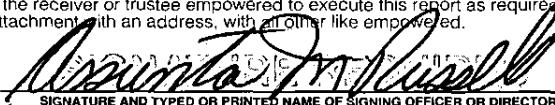
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 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

1/30/02 (94) 997-9299  
Date Daytime Phone #

CR2E034 (9/01)