


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90108 006 ***150.00

DOCUMENT # S54129

1. Entity Name
GERMAN MOTOR AUTO SALES, INC.



Principal Place of Business
**595 - 9TH AVENUE
SAFETY HARBOR FL 34695**

Mailing Address
**595 - 9TH AVENUE
SAFETY HARBOR FL 34695**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0265918** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RUGULLIES, MARIA
595 -9TH AVENUE
SAFETY HARBOR FL 34695**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	RUGULLIES, GERHARD	
STREET ADDRESS	230 COUNTRYSIDE KEY BLVD	
CITY-ST-ZIP	OLDSMAR FL 34	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOPPE, HUBERT	
STREET ADDRESS	2122 OTTERWAY	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUGULLIES, MARIA	
STREET ADDRESS	230 COUNTRYSIDE KEY BLVD	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOPPE, SONIA	
STREET ADDRESS	2122 OTTERWAY	
CITY-ST-ZIP	PALM HARBOR FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Rugullies Gerhard</i>	
STREET ADDRESS	<i>180 Ashley Ln</i>	
CITY-ST-ZIP	<i>Oldsmar Fl. 34677</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>V. Koppe Hubert</i>	
STREET ADDRESS	<i>1353 Sail Harbor Cir</i>	
CITY-ST-ZIP	<i>Tarpon Springs Fl. 34689</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>S Rugullies Maria</i>	
STREET ADDRESS	<i>180 Ashley Ln</i>	
CITY-ST-ZIP	<i>Oldsmar Fl. 34677</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>F. Koppe Sonia</i>	
STREET ADDRESS	<i>1353 Sail Harbor Cir</i>	
CITY-ST-ZIP	<i>Tarpon Springs Fl. 34689</i>	
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		

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: *Maria Rugullies* **MARIA RUGULLIES** 1-8-03 727-725-5523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)