2002 Uniform Business Report (UBR)

FILED Apr 17, 2002 8:00 am Secretary of State

Principal Place of Business 426 SW STH TER GAMESVILLE FL 32008 2. Principal Place of Business Suita, Apr. F. atc. Suita, Apr. F. atc. City & State Ci	DOCUMENT # S5456 1. Entity Name FLORIDA AUTOMOTIVE SPECIALIST	_	<u>.</u>		04-17-2002 90	0116 041 ***1	58.75
2. Principal Flace of Business	Principal Place of Business	Mailing Address		1			
Suite, Apt. 8. etc. City & State Country -Zip Country -Zip Country -Zip Country -Zip Country - State and Address of New Registered Agent Name - Name and Address of New Registered Agent Name - VEHOUR, GARY Street Address of New Registered Agent Name City FL Zip Code City FL City	4236 SW 35TH TER 4236 SW 35TH TER						
Suite, Apt. 8. etc. City & State Country -Zip Country -Zip Country -Zip Country -Zip Country - State and Address of New Registered Agent Name - Name and Address of New Registered Agent Name - VEHOUR, GARY Street Address of New Registered Agent Name City FL Zip Code City FL City		•					
City & State City & State City & State City & State Country -2:9	2. Principal Place of Business		- {	EN BINNE OLDEN ENKER OMEND BENE	DIBIN BAGAI BAGA WARA W	(E)(B)(R) (BB)	
Zip	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
Zip	City & State	City & State		4. FEI Number	59-3074200		
S. Name and Address of Current Registered Agent Name -VENDUR; CARY 4236 SW 35TH TER GANESVILLE R. 32808 City FL Zep 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 Roida. SIGNATURE System, speed or inhabitance of registered speed of the or registered agent, or both, in the State of Roida. SIGNATURE System speed or inhabitance of registered speed of the or registered agent, or both, in the State of Roida. SIGNATURE System speed or inhabitance of registered speed of the or registered agent, or both, in the State of Roida. SIGNATURE System speed or inhabitance of registered speed of the or registered agent, or both, in the State of Roida. SIGNATURE System speed or inhabitance of registered speed of the or registered agent, or both, in the State of Roida. SIGNATURE System speed or inhabitance of registered speed of the or registered agent, or both, in the State of Roida. SIGNATURE System speed or inhabitance of registered agent, or both, in the State of Roida. SIGNATURE System speed or inhabitance of registered agent, or both, in the State of Roida. SIGNATURE System speed or inhabitance of registered agent, or both, in the State of Roida. Intelligence of the State of Roida. SIGNATURE System speed or inhabitance of registered agent, or both, in the State of Roida. Intelligence of Roidance	Zip ——— -Country	-Zip	Country	5. Certificate of	Status Desired	- \$8.75 Add	ditlonal
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current	Registered Agent	T	7. Name and A	ddress of New Regist		
428 SW 35TH TER GARNESVILLE Ft. 32608 Chy FL Zip Code C			Name	_			
GAINESWILLE FL 32608 City FL Zip Code	•		Street Addres	(P.O. Box Number i	is Not Acceptable)		
Reservoires of Designation of State Addition 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE System, your or priest earner of registered agent of the 1 subdeals. NOTE Registered Agent accounts required unto nationality. P. This corporation is eligible to satisfy its intangible and effects to do so. After May 1, 2002 Fee will be \$550.00 May East Fund Contribution. After May 1, 2002 Fee will be \$550.00 May Fund Contribution. Designation of back) SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DESTRICT ADDRESS OTH-51-2P THE NAME STRET ADDRESS OTH-51-2P				<u> </u>			
SIGNATURE This corporation is elligible to satisfy its Intangible Tey Rigidacide. NOTE Registered Agent expensive required when revisating) DATE			City			FL Zip Cod	9
9. This corporation is eligible to satisfy its Intangible TPLE NOW!! FEE IS \$150.00	8. The above named entity submits this statement fo	the purpose of changing its re	egistered office or regis	red agent, or both,	in the State of Florida.	<u> </u>	
9. This corporation is eligible to satisfy its Intangible TillE NOW!! FEE IS \$150.00 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Fees Fees Fees Fees Fees Fees Fee							
Tey filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 In Election Campbaigh Financing School May Be Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete MANE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE Delete MANE MANE STREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE Delete MANE STREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE Delete MANE STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P TITLE Delete TITLE CITY-ST-2P C	SIGNATURE Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE:	Registered Agent signature requ	d when reinstating)		DATE	
Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change	9. This corporation is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.00	10 Floati	ion Compaign Financia	n hr. 0	10 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S				Touck			
NAME STREET ADDRESS CITY-ST-ZIP	11. OFFICERS AND		12.	ADDITIONS/CH	HANGES TO OFFICERS	S AND DIRECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete))	•		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 6518 SW 52ND AVE		11				
NAME STREET ADDRESS CITY-ST-ZIP	CONTROL I C		┦ ┣── ─── ┼──				
STREET ADDRESS CITY-ST-ZIP TITLE Delate TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change	☐ Addition
TITLE			II I				
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP			· · · ·	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		☐ Oelete				☐ Change	Addition
TITLE	<u> </u>		II I				
NAME STREET ADDRESS CITY-ST-ZIP TITLE Oelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP			<u> </u>	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS		Delete	11-			Change	Addition =
TITLE			1				
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	DITY-ST-ZIP		CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Addition NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	i	☐ Delete	ii i			☐ Change	Addition
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS	3		n 1			سر	
NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP		11			्	
STREET ADDRESS STREET ADDRESS	1	☐ Delete	H 1			Change	Addition
	· · · · · · · · · · · · · · · · · · ·		II i				j
			11 1				\

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

3/1/02 (352)3369853