

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90078 045 ***150.00

DOCUMENT # **S93026**

1. Entity Name

AUTOLEC FINANCIAL SERVICES, INC.



Principal Place of Business

4904 GREENCROFT RD

STE 100

SARASOTA FL 34235

US

Mailing Address

4904 GREENCROFT RD

STE 100

SARASOTA FL 34235

US

2. Principal Place of Business

% CABLISH & GENTILE CPA

Suite, Apt. #, etc.

4855 27th Street West

City & State

Bradenton, Florida

Zip

34207

Country

USA

3. Mailing Address

% CABLISH & GENTILE CPA

Suite, Apt. #, etc.

4855 27th Street West

City & State

Bradenton, Florida

Zip

34207

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3093922

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CABLISH, HOMER G JR

5306 CORTEZ RD-W.

STE 2

BRADENTON FL 34210

7. Name and Address of New Registered Agent

Name

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

% CABLISH & GENTILE CPA

4855 27th Street West

City **Bradenton**

FL

Zip Code **34207**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **P** ☐ Delete
NAME **CULLEN, PETER D.**
STREET ADDRESS **4904 GREENCROFT RD**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED: CULLEN

March 21, 2003

941 761 3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)