

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90211 046 ***150.00

DOCUMENT # V00592

1. Entity Name
AUTO SPARKLE, INC.



Principal Place of Business
**112 WEST ADAMS STREET
SUITE 1700
JACKSONVILLE, FL 32202**

Mailing Address
**112 WEST ADAMS STREET
SUITE 1700
JACKSONVILLE, FL 32202**

2. Principal Place of Business
**4161 Carmichael Avenue
Suite, Apt. #, etc.
Suite 152**

3. Mailing Address
**4161 Carmichael Avenue
Suite, Apt. #, etc.
Suite 152**

City & State
Jacksonville, FL
Zip
32277
Country
USA

City & State
Jacksonville, FL
Zip
32277
Country
USA

4. FEI Number
59-3101323

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

**WILBUR, JOHN H.
112 WEST ADAMS STREET
SUITE 1700
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
WILBUR, JOHN H.
Street Address (P.O. Box Number is Not Acceptable)
4161 Carmichael Avenue, Suite 152
City
Jacksonville FL Zip Code
32207

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's 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	D <input type="checkbox"/> Delete
NAME	WOOLVERTON, DERICK R
STREET ADDRESS	972 PONTE VEDRA BLVD.
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	D <input type="checkbox"/> Delete
NAME	WOOLVERTON, ARNOLD R
STREET ADDRESS	972 PONTE VEDRA BLVD.
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Derick Woolverton **Derick Woolverton** 4/10/03 (904) 273-8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)