## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # V22273

1. Entity Name

Zip

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

11.

A+ AUTO INC.

Principal Place of Business

Mailing Address

101 EAST JEFFERSON STREET QUINCY FL 32351

101 EAST JEFFERSON STREET QUINCY FL 32351

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

egistered Agent

Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90137 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

_		Name and Address of Current R
	0.	name and Address of Current h
	MASSEY,	MARILYN
		JEFFERSON STREET

Country

Mame

(NOTE: Registered Agent signature required when reinstating)

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

4. FEI Number

5. Certificate of Status Desired

City

Country

7. Name and Address of New Registered Agent

59-3122459

Zip Code

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$8.75 Additional

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible

(See criteria on back)

Tax filing requirement and elects to do so.

QUINCY FL 32351

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

12.

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

☐ Delete TITLE Addition MASSEY, MARILYN NAME STREET ADDRESS 101 E. JEFFERSON ST STREET ADDRESS CITY-ST-ZIE QUINCY FL 32351 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME

STREET ADDRESS

STREET AODRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME

☐ Delete STREET ADDRESS CITY - ST - ZIP

OFFICERS AND DIRECTORS

☐ Delete TITLE NAME STREET ADDRESS

CITY-ST-7IP ☐ Delete

STREET ADDRESS CITY-ST-ZIP

☐ Delete

STREET ADDRESS CITY-ST-7IP

Addition ☐ Change

☐ Change

Addition

Addition

Change

☐ Change

■ Addition

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.

MASSEY) 2-22-0/