## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## V48375 **DOCUMENT #**

1. Entity Name

SIGNATURE:

THE AUTO ADOPTION CENTER, INC.



## **FILED** Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90251 039 \*\*\*150.00

Daytime Phone #

Zip Country Zip Country S, Certificate of Status Desired S8.75 Additional Search Country S, Certificate of Status Desired Search Search Search Sea	Principal Place of Business 5510 EAST KIRBY TAMPA FL 33617		P O BO TEMPLE US	Mailing Address P O BOX 16275 TEMPLE TERRACE FL 33687 US						
City & State    City & State   City & State   City & State   City & State   City   Country   St. 75 Additional   St. 75 Additi	2. Principal Place	e of Business		3. Mailing Address						
City & State    City & State   Country   State	Suite, Apt. #, etc. Suite, Apt. #, et			, Apt. #, etc.	iC.					
Some and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  Name  Name  Name  Suren Address of New Registered Agent  Name  Suren Address (P.O. Box Number is Not Acceptable)  City  FLE  City  FLE  Tupinate type or private some of registered agent. or both, in the State of Florida. I am familiar with, and acceptable of registered agent. or both, in the State of Florida. I am familiar with, and acceptable of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable of Florida some of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable of Florida some of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable of Florida some of registered agent. Or both in the State of Florida. I am familiar with, and acceptable of Florida some of registered agent. Or both in the State of Florida. I am familiar with, and acceptable of Florida some of registered agent. Or both in the State of Florida. I am familiar with, and acceptable of Florida some of registered agent. Or both in the State of Florida. I am familiar with, and acceptable of Florida some of registered agent. Or both in the State of Florida. I am familiar with, and acceptable of Florida some of registered agent. Or both in the State of Florida. I am familiar with, and acceptable of Florida some of registered agent. Or both in the State of Florida. I am familiar with, and acceptable of Florida some of registered agent.  SIGNATURE  FILE NOW!!! FEE IS 150.00  SIGNATURE  FILE NOW!! FEE IS 150.00  SIGNATURE  FILE NOW!! FEE IS 150.00  SIGNATURE  FILE NOW! FILE NOW AGENT A	City & State City & State					4. FEI Number 59-3134545 Not Applicable			Applicable	
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TAMPA FL 33617  City	6. Name and Address of Current Registered Agent				Name					
TAMPA FL 33617  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.  Signature special part of registered agent.  NOTE: Registered Agent agrature required when retailed my part of registered agent.  Signature special part of registered agent.  ONTE: Registered Agent agrature required when retailed my part of registered agent.  Signature special part of registered					Street Addres	s (P.O. Bo	x Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am turnitiar with, and acc the deligations of registered agent. Provided agent ag										
SIGNATURE   Signat	TAMPA FL 33617							ru		
SIGNATURE    Signature typed or printed name of registered agent and No 1 applicable   NOTE: Registered Agent signature required when remaining   DATE				:-	rogistered office or regis	stered age	ent, or both, in the State of Florida	. I am familiar with,	and accept	
SIGNATURE   Signature, typing or printing name of prightness apport and tall if appointable.   INOTE: Replated Appirt signature recorded when terrelativing   Selection Campaign Finencing   S.5.00   Added to Fed Make Check	8. The above na the obligation	amed entity submits this statements of registered agent.	ent for the purp	ose of changing its	registered diffice of regis		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in the same legal effect as if made under oath; that I am an officer of discrete 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 of discrete 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 of discrete 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 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 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 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 10	CITY-ST-ZIP	<u></u>	P - 4 - 20 - 46 * - 70*	ng does not qualify	for the exemption stated	in Sectio	n 119.07(3)(i), Florida Statutes. I f	further certify that the	e information	