2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V55729

Entity Name: R & R AUTO OF BREVARD, INC.

FILED Apr 25, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1258 SOUTH US HWY,. #1 ROCKLEDGE, FL 32955

Current Mailing Address: New Mailing Address:

1258 SOUTH US HWY,. #1 ROCKLEDGE, FL 32955

FEI Number: 59-3136627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAVER, BRENDA

1025 BOTANY LANE

ROCKLEDGE, FL 32955

US

BLAND, SIMON C MR

1258 S US HIGHWAY 1

ROCKLEDGE, FL 32955

US

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: SIMON C BLAND 04/25/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 P (X) Change () Addition

 Name:
 RAVER, GARY B JR.,
 Name:
 BLAND, SIMON C MR

 Address:
 1025 BOTANY LN
 Address:
 1258 S US HIGHWAY 1

 1025 BOTANY LN
 Address:
 1258 S US HIGHWAY 1

 ROCKLEDGE, FL 32955
 City-St-Zip:
 ROCKLEDGE, FL 32955

() Delete Title: STD Title: (X) Change () Addition Name: RAVER, BRENDA Name: BLAND, HEATHER J MRS 1025 BOTANY LN Address: 1258 S US HIGHWAY 1 Address: ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMON C BLAND P 04/25/2002