

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90034 047 ***150.00

DOCUMENT # V63270

1. Entity Name

CONNORS AUTO BROKERS, INC.

Principal Place of Business

**3128 LAKE WASHINGTON RD #181
 MELBOURNE FL 32934
 US**

Mailing Address

**1790 HWY A1A SUITE 202
 SATELLITE BCH FL 32937
 US**

2. Principal Place of Business

3. Mailing Address

3128 LAKE WASHINGTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 181

City & State

City & State

MELBOURNE, FL

Zip

Country

Zip

Country

32934

BREVARD

4. FEI Number

65-0369830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PERSON, DOUGLASS A CPA, PA
 1790 HWY A1A STE 202
 SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent

Name **DANIEL F CONNORS**

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

3128 LAKE WASHINGTON RD

SUITE # 181

City

MELBOURNE

FL

Zip Code

32934

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 **DANIEL F. CONNORS**

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

Daniel Connors

PRESIDENT 4-25-2002

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVPT	<input type="checkbox"/> Delete
NAME	CONNORS, DANIEL F	
STREET ADDRESS	1893 W. NEW HAVEN AVE SUITE 181	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	S	<input type="checkbox"/> Delete
NAME	POWELL, MIKE	
STREET ADDRESS	6737 SHERIDAN RD	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Daniel Connors
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2002

Date

Daytime Phone #

321-544-5754

CR2E034 (9/01)