

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90538 002 \*\*\*150.00

**DOCUMENT # K79073**

1. Entity Name  
**H2AUTO, INC.**

Principal Place of Business

**4011 W. OSBORNE AVE  
 TAMPA FL 33614**

Mailing Address

**P.O. BOX 15215  
 TAMPA FL 33684**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2956307**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KELLY, JAMES B.  
 16115 GARDENDALE DRIVE  
 TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **Kelly, James B.**

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

**704 MEDINA WAY**

City **SunCityCenter**

FL

Zip Code **33573**

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

*James B. Kelly*  
 Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-23-2002**

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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>KELLY, JAMES B.</b>
STREET ADDRESS	<b>16115 GARDENDALE DR 704 MEDINA WAY</b>
CITY-ST-ZIP	<b>TAMPA FL 33624 SunCityCenter, FL 33573</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>KELLY, YVONNE S.</b>
STREET ADDRESS	<b>16115 GARDENDALE DRIVE 704 MEDINA WAY</b>
CITY-ST-ZIP	<b>TAMPA FL 33624 SunCityCenter, FL 33573</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*James B. Kelly*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-2002**  
 Date

**813-876-2938**  
 Daytime Phone #

CR2E034 (9/01)