

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90184 010 ***150.00



CHECK HERE IF MAKING CHANGES

DOCUMENT # S95638

1. Entity Name
A1A AUTO CENTER, INC.

Principal Place of Business
**100 7TH ST
ST AUGUSTINE BEACH FL 32084**

Mailing Address
**100 7TH ST
ST AUGUSTINE BEACH FL 32084**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3083187**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**FILAT, YOUSSEF A.
100 7TH ST
ST AUGUSTINE BEACH FL 32084**

7. Name and Address of New Registered Agent
Name **IMAD A. SHATILA**
Street Address (P.O. Box Number is Not Acceptable)
**100 7TH STREET
ST. AUGUSTINE BEACH FLORIDA**
City **FL** Zip Code **32080**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHATILA, IMAD 100 7TH ST ST AUGUSTINE BCH FL |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address other like employered.

SIGNATURE: **IMAD A. SHATILA** Date **2/9/03** Daytime Phone # **904-471-2822**

CR2E034 (10/02)