

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2002 90635 005 ***150.00

DOCUMENT # P00000035200

1. Entity Name
AUTOTOOL FLORIDA, INC.

Principal Place of Business Mailing Address
8601 N.W. 81ST RD #4 **8601 N.W. 81ST RD #4**
MEDLEY FL 33166-2144 **MEDLEY FL 33166-2144**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
8308 NW SPRINGER DR **8308 NW SPRINGER DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MEDLEY FL **MEDLEY FL**
 Zip Country Zip Country
33166 **FL** **33166** **FL**

4. FEI Number **65-0999185** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PAPAS, GEORGE J
8601 N.W. 81ST RD #4
MEDLEY FL 33166-2144

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
8308 NW SPRINGER DR
 City State Zip Code
MEDLEY **FL** **33166**

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 *[Signature]* **George Papas** **2/12/02**
Signature required on limited name of registered agent and title if applicable. (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 | |
|---|--|
| TITLE D | <input checked="" type="checkbox"/> Delete |
| NAME PAPAS, GEORGE J | |
| STREET ADDRESS 8601 N.W. 81ST RD #4 | |
| CITY-ST-ZIP MEDLEY FL 33166-2144 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS 8308 NW SPRINGER DR | |
| CITY-ST-ZIP MEDLEY FL 33166 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 attachments.

SIGNATURE: *[Signature]* **George Papas** **2/12/02** **385-889-0332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)