

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90169 034 ***150.00

DOCUMENT # P14485

1. Entity Name
AUTO COMM INC.

Principal Place of Business

Mailing Address

70 BELL ROCK PLAZA
 STE D
 SEDONA AZ 86351-8804
 US

70 BELL ROCK PLAZA
 STE D
 SEDONA AZ 86351-8804
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2765205**

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

7. Name and Address of New Registered Agent

HASKAKIS, WILLIAM M.
7001 ANDERSON ROAD
TAMPA FL 33614

Name **Eric C. Gettemy**

Street Address (P.O. Box Number is Not Acceptable)
314 14th Avenue North

City **Jacksonville Beach FL** Zip Code **32250**

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.

Eric Gettemy, VP

SIGNATURE *Eric Gettemy*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, WILLARD R. 30 STEAMBOAT ROCK ROAD SEDONA AZ 86351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALY, PETER 2960 TIMBERWICK TRAIL TROY MI 48098	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GETTEMY, ERIC C 365 10 STREET ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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.

W.R. Simpson, Pres.

SIGNATURE: *W.R. Simpson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2001

Date

520-284-0080

Daytime Phone #

CR2E034 (10/00)