

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90049 034 \*\*\*150.00

DOCUMENT # V21910

1. Entity Name  
**AUTO COMPRESSORS, INC.**

Principal Place of Business      Mailing Address

~~MAGNOLIA STREET~~  
~~NEW SMYRNA BEACH FL 32168~~  
**Moved**

PO BOX 1201  
 NEW SMYRNA FL 32170-1201  
 US



2. Principal Place of Business      3. Mailing Address

**1410 Industrial Dr.**  
 Suite, Apt. #, etc.

**PO Box 1201**  
 Suite, Apt. #, etc.

**New Smyrna Beach**  
 City & State

**Florida**  
 City & State

**New Smyrna Beach FL**  
 City & State

Zip      Country      Zip      Country

**32168**      **Volusia**      **32170-1201**      **Volusia**

4. FEI Number      Applied For

**59-3115496**       Not Applicable

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

    

6. Name and Address of Current Registered Agent

**SMITH, JAMES WILLIAM SR.**  
~~210 MAGNOLIA ST~~ **1410 Industrial Dr.**  
**NEW SMYRNA BCH FL 32168**

7. Name and Address of New Registered Agent

Name

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

City      FL      Zip Code

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: \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	VP	TITLE	
NAME	GALERNO, WILLIAM G.	NAME	
STREET ADDRESS	2309 KUMQUAT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	SMITH, JAMES WILLIAM SR.	NAME	
STREET ADDRESS	466 BOUCHELLE DR, 103	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)