

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90015 031 ***150.00

0445704 AV

DOCUMENT # 330207

1. Entity Name

AUTOMATIC ENTERPRISES INC

Principal Place of Business

Mailing Address

**6225 4TH STREET NORTH
 ST. PETERSBURG FL 33702
 US**

**7005-B SUNSET DRIVE G.
 SOUTH PASADENA FL 33707
 US**



2. Principal Place of Business

3. Mailing Address

2804 SKIMMER PT. DR. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT, FLORIDA

4. FEI Number

59-1212405

Applied For

Not Applicable

Zip

Country

Zip

Country

33707

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGGS MICHAEL J

7005-B SUNSET DRIVE SOUTH

SOUTH PASADENA FL 33707

Name

BAGGS MICHAEL J.

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

2804 SKIMMER POINT DRIVE SOUTH

City

GULFPORT

FL

Zip Code

33707

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, typed or printed 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **BAGGS, MICHAEL J**
 CITY-ST-ZIP **7005-B SUNSET DR. SO.
 SOUTH PASADENA FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2804 SKIMMER POINT DRIVE SOUTH**
 CITY-ST-ZIP **GULFPORT, FLORIDA 33707**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **BAGGS, JUDY S.**
 CITY-ST-ZIP **7005-B SUNSET DR. SOUTH
 SOUTH PASADENA FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2804 SKIMMER POINT DRIVE SOUTH**
 CITY-ST-ZIP **GULFPORT, FLORIDA 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michael J. Baggs

MICHAEL J. BAGGS

1/16/02

727-345-4997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)