

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 389055

1. Entity Name

AUTOLAND, INC.

Principal Place of Business

9605 S.E. FEDERAL HIGHWAY  
HOBE SOUND FL 33455

Mailing Address

9605 S.E. FEDERAL HIGHWAY  
HOBE SOUND FL 33455-2011

2. Principal Place of Business

9805 S.E. FEDERAL HWY  
Suite, Apt. #, etc.

3. Mailing Address

9805 S.E. FEDERAL HWY  
Suite, Apt. #, etc.

City & State

HOBE SOUND FLA

City & State

HOBE SOUND FLA.

Zip

33455

Country

MARTIN

Zip

33455-2098

Country

MARTIN

4. FEI Number

59-1363625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONEY, CHARLES H., JR.  
8440 DHARLYS ST  
HOBE SOUND FL 33455

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

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, 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

TITLE	PVD	<input type="checkbox"/> Delete
NAME	CONEY, CHARLES H, JR	
STREET ADDRESS	8440 DHARLYS ST	
CITY-ST-ZIP	HOBE SOUND, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CONEY, DOROTHY	
STREET ADDRESS	8440 DHARLYS ST	
CITY-ST-ZIP	HOBE SOUND, FL 00000	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90078 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2004 10/001