

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 646107

1. Entity Name

AUTOMATION COMPONENTS CORPORATION

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90097 017 \*\*\*150.00

Principal Place of Business

Mailing Address

3418 E. COLUMBUS DR.  
P.O. BOX 11306  
TAMPA FL 33605  
US

P. O. BOX 11306  
P.O. BOX 11306  
TAMPA FL 33680-1306  
US

00011003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2599847

Applied For

Not Applicable

Zip

Country

Zip

Country

33637

U.S.A.

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

CONKLIN, NANCY  
5780 CALIS BLVD., #3  
ST. PETERSBURG FL 33714

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME REGAN, JAMES F  
STREET ADDRESS 3418 E COLUMBUS DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ Delete

NAME CONKLIN, NANCY  
STREET ADDRESS 3418 E COLUMBUS DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE STD ☐ Delete

NAME REGAN, MONICA  
STREET ADDRESS 3418 E COLUMBUS DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME Regan James F.  
STREET ADDRESS 5780 Calais Blvd. #3  
CITY-ST-ZIP ST. Petersburg, FL 33714

TITLE ☒ Change ☐ Addition

NAME Conklin, Nancy  
STREET ADDRESS 5780 Calais Blvd. #3  
CITY-ST-ZIP ST. Petersburg, FL 33714

TITLE ☒ Change ☐ Addition

NAME Regan, Monica  
STREET ADDRESS 5780 Calais Blvd. #3  
CITY-ST-ZIP ST. Petersburg, FL 33714

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)