

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005935

1. Entity Name

AUTORICS II, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90043 004 ***150.00

Principal Place of Business

Mailing Address

5217 COCONUT CREEK PKWY
MARGATE FL 33063

11825 N PENNSYLVANIA ST
DEPT AZA
CARMEL IN 46032-4555
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Dept. A2A

City & State

City & State

4. FEI Number 65-0622182

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JONES, R.K. KENNON ESQ
5217 COCONUT CREEK PKWY
MARGATE FL 33063

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 DYER, WILLIAM B
STREET ADDRESS 5217 COCONUT CREEK PKWY
CITY-ST-ZIP MARGATE FL 33063

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

TITLE VPD ☐ Delete
NAME ANDREW, STIDD L
STREET ADDRESS 25 W 43RD ST STE 704
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☒ Change ☐ Addition
NAME Stidd, Andrew L.
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HASELEY, TIMOTHY W
STREET ADDRESS 11825 N PENNSYLVANIA ST
CITY-ST-ZIP CARMEL IN 46032

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

TITLE SD ☐ Delete
NAME COMBS, ANDREW S
STREET ADDRESS 745 FIFTH AVE STE 2700
CITY-ST-ZIP NY NY 10151

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

TITLE D ☒ Delete
NAME BONNET, MICHEAL
STREET ADDRESS 745 FIFTH AVE STE 2700
CITY-ST-ZIP NEWYORK NY 10151

TITLE D ☐ Change ☐ Addition
NAME Burns, Kevin P.
STREET ADDRESS 25 W. 43rd St., Ste. 704
CITY-ST-ZIP New York, NY 10036

TITLE D ☐ Delete
NAME LARKIN, JAMES J
STREET ADDRESS 11825 N PENNSYLVANIA ST
CITY-ST-ZIP CARMEL IN 46032

TITLE ☒ Change ☐ Addition
NAME Larkin, James J.
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:

James J. Larkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Larkin

4/20/00

Date

(317)817-6000

Daytime Phone #

CR2E034 (9/99)