

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90227 038 ***150.00

DOCUMENT # F98000000377

1. Entity Name
AUTOFILL, INC.

Principal Place of Business
**4337 PABLO OAKS COURT
 SUITE 104
 JACKSONVILLE FL 32224**

Mailing Address
**4337 PABLO OAKS COURT
 SUITE 104
 JACKSONVILLE FL 32224**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4905 Belfort Road

3. Mailing Address
4905 Belfort Road

Suite, Apt. #, etc.
110

Suite, Apt. #, etc.
110

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **51-0373193**

Applied For
 Not Applicable

Zip
32256

Country

Zip
32256

Country

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

6. Name and Address of Current Registered Agent

**CORFITSSEN, STEN
 4337 PABLO OAKS COURT
 SUITE 104
 JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4905 Belfort Road # 110
 City **JACKSONVILLE** FL Zip Code **32256**

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

TITLE **DPS**
 NAME **CORFITSSEN, STEN**
 STREET ADDRESS **4337 PABLO OAKS COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS **4905 Belfort Rd #110**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE
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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 #

04/29/02 904-8211000

CR2E034 (9/01)