

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L19507

1. Entity Name
AUTO EAST, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90480 013 ***150.00

00026783



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3594 COMMODORE CIR
DELRAY BCH FL 33483
US

3594 COMMODORE CIR
DELRAY BCH FL 33483
US

2. Principal Place of Business

29 REMINGTON Rd

3. Mailing Address

29 REMINGTON Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BCH FL

City & State

ORMOND BCH FL

4. FEI Number 59-2970716

Applied For
Not Applicable

Zip

32174

Country

Zip

32174

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

WALSH, SHIRLEY
3594 COMMODORE CIR
DELRAY BCH FL 33483

Name

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

29 REMINGTON Rd

City

ORMOND BCH

FL

Zip Code

32174

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 *Shirley Walsh Secy*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D WALSH, ROBERT A 3594 COMMODORE CIR DELRAY BCH FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert A Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT A WALSH 3-14-01 904-846-3438

CR2E034 (10/00)