

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90271 037 \*\*\*150.00

**DOCUMENT # L46113**

1. Entity Name  
**AUTOMOTIVE BUSINESS CONSULTANTS, INC.**

Principal Place of Business      Mailing Address

4901 N FEDERAL HWY      4901 N. FEDERAL HWY  
 STE 350      SUITE 350  
 FT LAUDERDALE FL 33308      FT LAUDERDALE FL 33308-4613  
 US      US

**A0049464**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

5353 N. Federal Hwy      5353 N. Federal Hwy  
 STE 204      Suite, Apt. #, etc.  
 STE 204

City & State      City & State

Ft. Lauderdale, Fl.      Ft. Lauderdale, Fl.

Zip      Country      Zip      Country

33308      USA      33308      USA

4. FEI Number      Applied For

65-0168321      Not Applicable

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

6. Name and Address of Current Registered Agent

**DORER, ERIC J**  
**30 NE 3RD STREET**  
**FT. LAUDERDALE 33301**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD FRONRATH, GARY 4901 N FEDERAL HWY #350 FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, BARBARA 4901 N FEDERAL HWY #350 FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fronrath, Gary <input type="checkbox"/> Change <input type="checkbox"/> Addition 5353 N. Federal Hwy #204 Ft. Laud, Fl. 3308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Williams, Barbara <input type="checkbox"/> Change <input type="checkbox"/> Addition 5353 N. Federal Hwy #204 Ft. Lauderdale, Fl. 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 *Barbara Williams* **BARBARA WILLIAMS**      952-489-3972