


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90042 018 \*\*\*158.75

DOCUMENT # *M88627*

1. Entity Name  
*AUTEC ASSOCIATES, INC.*



**DO NOT WRITE IN THIS SPACE**

**80114283**

2. Principal Place of Business  
*2405 S.E. DIXIE HWY.*

3. Mailing Address  
*SAME*

Suite, Apt. #, etc.

City & State  
*STUART FLORIDA*

City & State  
*FLORIDA*

Zip  
*34996*

Country  
*MARTIN*

4. FEI Number  
*650067192*

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name  
*Autec Associates Inc.*

Street Address (P.O. Box Number is Not Acceptable)  
*2405 S.E. DIXIE HWY*

City  
*STUART*

FL Zip Code  
*34996*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arthur Garrison* DATE *5-1-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES. ARTHUR GARRISON 4508 S.E. HALSTON CT STUART FL 34997</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY-TREASURER LUTHER R. JEFFRIES JR. 2769 S.W. MUSTANG TERR. STUART FL 34997</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur Garrison* DATE *1-5-03* 772-288-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)