

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO0000002031**

1. Entity Name
Automotive Ultra, Inc.

Principal Place of Business Mailing Address
**3902 Curry Ford Rd
Orlando, FL 32806**

2. Principal Place of Business 3. Mailing Address
3902 Curry Ford Same

Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Orlando, FL FL
Zip Country Zip Country
32806 Orange

6. Name and Address of Current Registered Agent
**Mike Lyon
1569 Indiana Ave
Winter Park, FL 32789**

FILED
00 AUG 29 AM 8:37
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

4. FEI Number Applied For
59-3630606 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name **Mike Lyon**
Street Address (P.O. Box Number is Not Acceptable) **1569 Indiana Ave**
City **Winter Park** **FL** **32789**

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 **Mike Lyon** **Mike Lyon** **8/15/02**
Signature, typed or printed name of registered agent and fee 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	NAME Mike Lyon	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1569 Indiana Ave			STREET ADDRESS		
CITY-ST-ZIP Winter Park, FL 32789			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			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: **Mike Lyon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE