

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

05-21-2002 90882 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

35861

DOCUMENT # P0000000 2184			
1. Entity Name Auto Equipment Specialists Inc			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 7197 SW 9th PL		3. Mailing Address 13500 SW 9th PL	
City & State Davie FL		City & State Davie FL	
Zip 33317		Zip 33325	
Country USA		Country USA	
4. FEI Number 65-0987805		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Charles Foley			
Street Address (P.O. Box Number is Not Acceptable) 7197 SW 9th PL			
City & State Davie FL			
Zip 33317			
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 Charles Foley <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature requires when meeting)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP President Charles Foley Davie 13500 SW 9th PL FL 33325		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP Vice President Charles Matthews Senior 4029 NW 120 Lane 33323		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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DO NOT WRITE IN THIS SPACE			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: Charles Foley		Date: 4/29/02 954-370-7655	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034B (12/01)