

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

0102786 AV

**DOCUMENT # P00000010848**

1. Entity Name

**AUTOMOTIVE CONNECTION ENTERPRISES, INC.**

04-15-2002 90027 025 \*\*\*150.00

Principal Place of Business

**5422 TIMBER CHASE COURT  
 ORLANDO FL 32811**

Mailing Address

**5422 TIMBER CHASE COURT  
 ORLANDO FL 32811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0980123**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**EADY, FAYBELLE F  
 4024 WATCH HILL ROAD  
 ORLANDO FL 32808**

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

Signature, typed or printed name of registered agent and title 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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, TEVITT SR.	
STREET ADDRESS	5422 TIMBER CHASE COURT	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SULLIVAN, CYNTHIA E SR.	
STREET ADDRESS	5422 TIMBER CHASE COURT	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SULLIVAN, TERITT SR	
STREET ADDRESS	5427 TIMBER CHASE COURT	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SULLIVAN, CYNTHIA E	
STREET ADDRESS	5422 TIMBER CHASE LANE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, CYNTHIA E.	
STREET ADDRESS	5422 TIMBER CHASE COURT	
CITY-ST-ZIP	ORLANDO, FL-32811	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, TEVITT SR.	
STREET ADDRESS	5422 TIMBER CHASE COURT	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**TEVITT SULLIVAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT APRIL 2, 2002 (407) 579-7172**

Date Daytime Phone #

CR2E034 (9/01)