

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90076 032 \*\*\*150.00

C0031919

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000045874 ✓  
**1. Entity Name** AUTO SYSTEMS 2000 PLUS INC.

**Principal Place of Business** 1103 13TH AVE. NORTH  
**Mailing Address** SAME  
 JACKSONVILLE BEACH, FLORIDA 32250-3636

**2. Principal Place of Business** 1103 13TH AVE. NORTH  
**3. Mailing Address** 1103 13TH AVE. NORTH  
**Suite, Apt. #, etc.** N/A

**City & State** JACKSONVILLE BEACH, FLA.  
**City & State** JACKSONVILLE BEACH, FLA.  
**Zip** 32250-3636 **Country** DUVAL

**4. FEI Number** 59-3642313  
**Applied For** Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 JACOB C. PERRY  
 1103 13TH AVE. NORTH  
 JACKSONVILLE BEACH, FLORIDA  
 32250-3636

**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** JACOB C. PERRY - PRES. *Jacob C Perry Pres.* **DATE** 2/05/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2001 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**

<b>TITLE</b> PRESIDENT <input type="checkbox"/> Delete	<b>NAME</b> JACOB C. PERRY
<b>STREET ADDRESS</b> 1103 13TH AVE. NORTH	
<b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FLORIDA 32250	
<b>TITLE</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** JACOB C. PERRY - JACOB C Perry Pres. **DATE** 2-05-01 **Daytime Phone #** 904 246 5813  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)