

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000045874

1. Entity Name
AUTO SYSTEMS 2000 PLUS, INC.



FILED
May 13, 2004 08:00 AM
Secretary of State

Principal Place of Business
1103 13TH AVE. NORTH
JACKSONVILLE BEACH, FL 32250

Mailing Address
1103 13TH AVE. NORTH
JACKSONVILLE BEACH, FL 32250



05102004 No Chg-P CR2E034 (10/03)

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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

PERRY, JACOB
1103 13TH AVE. NORTH
JACKSONVILLE BEACH, FL 32250-3636

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PERRY, JACOB 1103 13TH AVE. NORTH JACKSONVILLE BEACH, FL 32250
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05/13/04-80008-013 150.00

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Jacob Perry JACOB PERRY PRES. 5-11-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #