## **FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **FILED** Sep 04, 2002 8:00 am Secretary of State

DOCUMENT # P000000807/3  1. Entity Name				09-04-2002 90094 010 ***150.00	
Au	tomotive Strateg	ics Incorp	crated		
DO NOT WRITE IN THIS SPACE				. 978240	
	Place of Business	3. Mailing Address	LA		
Soz South Fremant AVC. 533 South H. Suite, Apt. #, etc. 1102 Suite, Apt. #, etc. 44			oward Ave.	DO NOT WRITE IN THIS SPACE	
City & St		City & State		4. FEI Number	Applied For
Zin .	upa Horida Country	Tampa Fl	Country	59-3667836	Not Applicable
334	06 45.	33606	V.S.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Name //	7. Name and Address of Current Registered	d Agent
DO NOT WRITE			Street Address	is (P.Q. Box Number is Not Acceptable)	
				. Jouth Fremont Ave.	<u></u>
			City		Zin Code
8. The abov	e named entity submits this statement for	the ourrose of changing its	man /ai	mpa FL	- 33606
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 tide if applicable.  (NOTE: Registered Agent substance 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)    After May 1, Fee is \$150.00   After May 1, Fee is \$550.00   Amended UBR is \$61.25			10. Election Campaign Financing	\$5.00 May Be	
11.		Make Check Payabl	e to Department of S	Trust Fund Contribution.	Added to Fees
	OFFICERS AND E		e to Department of S	Trust Fund Contribution. L	J Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Kris Thompson 502 South Frence	wt Ave. #1102	e to Department of S  FITTE  NAME  STREET ADDRESS	itate 🖟 🔭	J Added to Fees
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indicated on this report or supplied with this filling 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 on an analysis of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF PIGNING OFFICER OR DIRECTOR

Kris Thompson

B/25/0Z

813 930-8646

atacamento pb 00000 80113 pr 000000 80113

I did not receive the paperwork

to file on time. Please note

My address: 533 South Howard Ave. #44

update Tampa, FL 33606

Here is the filing for Automotive

Strategics Incorporated.

Thank you, Thompson owner Kris Thompson owner 8/25/02