


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90092 009 ***150.00

DOCUMENT # P0000080713

1. Entity Name
AUTOMOTIVE STRATEGIES, INC.



Principal Place of Business
502 SOUTH FREMONT AVE
#1102
TAMPA, FL 33606 US

Mailing Address
533 SOUTH HOWARD AVE
#44
TAMPA, FL 33606 US

2. Principal Place of Business
3801 E. 71st Street

3. Mailing Address
777 S. Marengo Ave.

Suite, Apt. #, etc.
#6

City & State
Palmetto, FL

City & State
Pasadena CA

Zip
34221

Country
USA

Zip
91106

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3667836

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
THOMPSON, KRIS S
602 SOUTH FREMONT AVE
#1102
TAMPA, FL 33606

7. Name and Address of New Registered Agent
Name
Thompson, Kris S.
Street Address (P.O. Box Number is Not Acceptable)
3801 E. 71st Street
City
Palmetto FL Zip Code
34221

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  DATE **7-22-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	THOMPSON, KRIS S 502 SOUTH FREMONT AVE #1102 TAMPA, FL 33606	TITLE D	Thompson, Kris S. 3801 E. 71st Street Palmetto, FL 34221
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  DATE **7/22/03** (626) 795-1656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E036 (10/02)

Attachment

90146790

P00000080713

Hello,

7-22-03

My name is Kris Thompson, Director of Automotive Strategies Inc. I took ill in late 2002 and came to CA for medical treatment. The move came suddenly and I did not receive some of my mail ever. I realized that you all had not contacted me for the 2003 report and then after calling it was determined that my mail was not being forwarded. I have taken care of the address situation and moved my principal place of business and mailing address.

Thank you for your understanding.

Kris Thompson