

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081633

1. Entity Name

AUTO WINDSHIELD WIZARDS, INC.

Principal Place of Business

7108 SAN JOSE LOOP
NEW PORT RICHEY FL 34655

Mailing Address

3432 US HWY 19 N. STE J
HOLIDAY FL 34691

2. Principal Place of Business

3. Mailing Address

7108 SAN JOSE LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW PORT RICHEY FL

Zip

Country

Zip

Country

34655

4. FEI Number

59-3673283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, ROBERT H JR
7108 SAN JOSE LOOP
NEW PORT RICHEY FL 34655

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, ROBERT H JR	
STREET ADDRESS	7108 SAN JOSE LOOP	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, DENNIS	
STREET ADDRESS	6820 MESA VERDE ST	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STARR, DANA	
STREET ADDRESS	6820 MESA VERDE ST	
CITY-ST-ZIP	PORT RICHEY FL 34688	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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 information.

SIGNATURE:

Robert H Campbell Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01
Date

727-372-8460
Daytime Phone #

ROBERT CAMPBELL JR

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90080 049 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)