2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111715

1. Entity Name

AUTUMN ENTERPRISES, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90222 045 ***150.00

80044322

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1697 AVOCADO AVE MELBOURNE FL 32935	1697 AVOCADO AVE MELBOURNE FL 32935

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — Applied For — ✔ Not Applicable

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

6. Name and Address of Current Registered Agent

MCMOY, JOHN
1697 AVOCADO AVE
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name: John McCoy

Street Address (P.O. Box Number is Not Acceptable): 1697 Avocado Ave.

City: Melbourne   FL   Zip Code: 32935

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 _John McCoy_   John McCoy   4-26-01

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** NAME **MCCOY, JOHN** STREET ADDRESS **1697 AVOCADO AVE** CITY-ST-ZIP **MELBOURNE FL 32935**	☐ Delete	TITLE **D** NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR2E034 (10/00)

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: _John McCoy_   John McCoy   321-752-1102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #