

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000114088**1. Entity Name
AUTO IMAGE ENHANCEMENT, INC.

Principal Place of Business 342 LING-A-MOR TERRACE SOUTH ST PETERSBURG FL 337053655	Mailing Address PO BOX 1793 ST PETERSBURG FL 337311793
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2. Principal Place of Business 342 LING-A-MOR TERRACE SOUTH	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST PETERSBURG FL	City & State
Zip 337053655	Country US

4. FEI Number 59-3679551	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentNOBLE ADAM M
342 LING-A-MOR TERRACE SOUTH

ST PETERSBURG FL 337053655**7. Name and Address of New Registered Agent**

Name NOBLE ADAM M
Street Address (P.O. Box Number is Not Acceptable) 342 LING-A-MOR TERRACE SOUTH
City ST PETERSBURG FL
Zip Code 337053655

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 _____ **02/07/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NOBLE ADAM M 342 LING-A-MOR TERRACE SOUTH ST PETERSBURG FL 337053655	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NOBLE ADAM M 342 LING-A-MOR TERRACE SOUTH ST PETERSBURG FL 337053655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Adam M Noble DP **02/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)