

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116759

1. Entity Name

AUTO FACTS XCHANGE, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90462 030 ***150.00

Principal Place of Business

Mailing Address

1191 E NEWPORT CENTER DRIVE PH B
DEERFIELD BEACH FL 33442

1191 E NEWPORT CENTER DRIVE PH B
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

1191 E Newport Center Dr

PO Box 970-566

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH-B

Deerfield Beach FL

BOCA RATON FL

Zip Country

Zip Country

FL 33442

33428

4. FEI Number

65-1060791

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

WEINBERG, DANIEL J CPA
1191 E NEWPORT CENTER DRIVE PH B
DEERFIELD BEACH FL 33442

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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD PELLIGRINELLI, DAVID 1191 E NEWPORT CENTER DRIVE PH B DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/01

Daytime Phone #

561-487-1225

CR2E034 (10/00)