

2002 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-23-2002 90012 019 ***150.00

DOCUMENT # P01000018302

1. Entity Name
AUTO MOTION & DRIVE, INC.

Principal Place of Business
**955 TALL PINE DRIVE
 PORT ORANGE FL 32127**

Mailing Address
**955 TALL PINE DRIVE
 PORT ORANGE FL 32127**

2. Principal Place of Business

815 N. RIDGEWOOD
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAYTONA BCH.

City & State

FL

4. FEI Number

22-3783042

Applied For

Not Applicable

Zip

Country

Zip

Country

32114 USA

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

**OKHOVATIAN, SHIRLEY-A
 926 SOUTH RIDGEWOOD AVENUE
 DAYTONA BEACH FL 32114**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ZOMORODIAN, HAMID 955 TALL PINE DRIVE PORT ORANGE FL 32127	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZOMORODIAN, HAMID 955 TALL PINE DRIVE PORT ORANGE FL 32127	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2, 19, 02

386 2579700

Date

Daytime Phone #

CR2E034 (9/01)