

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90392 011 ***150.00

DOCUMENT # P01000061750

1. Entity Name

AUTOMATION SOLUTIONS SIMPLIFIED, INC.

Principal Place of Business

**650 WILLOWWOOD AVENUE
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**650 WILLOWWOOD AVENUE
 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

650 Willowwood Ave

Suite, Apt. #, etc.

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number

593726418

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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 **PD** ☐ Delete
 NAME **GREENE, DONALD**
 STREET ADDRESS **650 WILLOWWOOD AVENUE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **STD** ☐ Delete
 NAME **DOUGHERTY, HARRY**
 STREET ADDRESS **650 WILLOWWOOD AVENUE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 like empowered.

SIGNATURE:

Harry Dougherty

Date

4-29-02

Daytime Phone #

407-294-7299

CR2E034 (9/01)