

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90227 039 ***150.00

DOCUMENT # P01000078984

1. Entity Name
AUTOFILL TECHNOLOGIES INC.

Principal Place of Business
4337 PABLO OAKS CT., SUITE 104
JACKSONVILLE FL 32224

Mailing Address
4337 PABLO OAKS CT., SUITE 104
JACKSONVILLE FL 32224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4905 Belfort Rd
Suite, Apt. #, etc.
#110

3. Mailing Address

4905 Belfort Rd
Suite, Apt. #, etc.
#110

City & State
Jacksonville FL

City & State
Jacksonville, FL

4. FEI Number **59-3745553**

Applied For
Not Applicable

Zip **32256**

Country

Zip **32256**

Country

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

CORFITSEN, STEN
4337 PABLO OAKS CT., SUITE 104
JACKSONVILLE FL 32224

Name

Street Address (P.O. Box Number is Not Acceptable)

4905 Belfort Rd #110

City **Jacksonville**

FL

Zip Code **32256**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **CORFITSEN, STEN**
STREET ADDRESS **4337 PABLO OAKS CT., SUITE 104**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ **Change** ☐ **Addition**
NAME **4905 Belfort Rd #110**
STREET ADDRESS **JACKSONVILLE, FL 32256**
CITY-ST-ZIP

TITLE **D** ☒ **Delete**
NAME **EZELIUS, PER-OLEF**
STREET ADDRESS **15825 NORTHSTONE DR.**
CITY-ST-ZIP **HUNTERSVILLE NC 28078**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02

904-8211 000

Date

Daytime Phone #

CR2E034 (9/01)