

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91037 036 ***150.00

DOCUMENT # P02000073017

1. Entity Name
AUTO BYTES, INC.



Principal Place of Business
9723 NORTH NEW RIVER CANAL ROAD #416
PLANTATION FL 33324

Mailing Address
9723 NORTH NEW RIVER CANAL ROAD #416
PLANTATION FL 33324

2. Principal Place of Business
731 N. FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address
731 N. FEDERAL HWY
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE FL
Zip **33304** Country **USA**

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FORT LAUDERDALE FL
Zip **33304** Country **USA**

4. FEI Number
13-4203121
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ENOS, FRANK
9723 NORTH NEW RIVER CANAL ROAD #416
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frank Enos* **FRANK ENOS** **3-2-2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D ENOS, FRANK 9723 NORTH NEW RIVER CANAL ROAD #416 PLANTATION FL 33324
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Enos* **FRANK ENOS** **2/3/2003**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)