

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14485

1. Entity Name

AUTO COMM INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90030 043 \*\*\*150.00

Principal Place of Business	Mailing Address
70 BELL ROCK PLAZA STE D SEDONA AZ 86351-8804	70 BELL ROCK PLAZA STE D SEDONA AZ 86351-8804 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	22-2765205	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HASKAKIS, WILLIAM M.  
7001 ANDERSON ROAD  
TAMPA FL 33614

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)	<input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SIMPSON, WILLARD R.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6486 HWY 179, STE 104</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SEDONA AZ</td><td></td></tr></table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	SIMPSON, WILLARD R.		STREET ADDRESS	6486 HWY 179, STE 104		CITY-ST-ZIP	SEDONA AZ		<table><tr><td>TITLE</td><td></td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>30 Steamboat Rock Road</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Sedona, AZ 86351</td><td></td></tr></table>	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	30 Steamboat Rock Road		CITY-ST-ZIP	Sedona, AZ 86351	
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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: <i>W.R. Simpson</i>	Pres.	February 18, 2000	520/284-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)