

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90253 023 ***150.00

DOCUMENT # P24949

1. Entity Name
AUTOPROD, INC.



Principal Place of Business
**5355 115TH AVENUE NORTH
CLEARWATER FL 33760**

Mailing Address
**5355 115TH AVENUE NORTH
CLEARWATER FL 33760**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1599833**

Applied For
Not Applicable

Zip

Country

Zip

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET, 2ND FLOOR
TALLAHASSEE FL 32301**

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

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE SOCIO, PAUL	
STREET ADDRESS	5355 115TH AVE. NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CERMAK, BRYAN	
STREET ADDRESS	2855 COOLIDGE HWY STE 107	
CITY-ST-ZIP	TROY MI 48084	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ENAMAIT, RONALD P	
STREET ADDRESS	5355 115TH AVE NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUVIER, JUERGEN	
STREET ADDRESS	LORENZSTRASSE 6	
CITY-ST-ZIP	STUTENSEE, GERMANY 76297	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAHE, WALTER	
STREET ADDRESS	LORENZSTRASSE 6	
CITY-ST-ZIP	STUTENSEE, GERMANY 76297	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERK, ROLAND	
STREET ADDRESS	LORENZSTRASSE 6	
CITY-ST-ZIP	STUTENSEE, GERMANY	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

P. ENAMAIT, TREASURER 2/18/03 727-572-7753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)