

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P37695**

1. Entity Name

ADT Automotive, Inc.

APPROVED
AND
FILED

P0103

00 OCT 11 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1400 Lake Hearn Drive
Atlanta, GA 30319

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0265897

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

Name
Corporation Service Company

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

1201 Hays Street

City
Tallahassee

FL

Zip Code 32301

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	See Attached Exhibit A (All changes) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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]

Andrew A. Merdek
Secretary

10/6/00

Date

(404) 843-5000

Daytime Phone #

CR2E034 (9/99)

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Exhibit A

AUCTION TRANSPORT, INC.

Directors

G. Dennis Berry
1400 Lake Hearn Drive
Atlanta, Georgia 30319

Darryll M. Ceccoli
1400 Lake Hearn Drive
Atlanta, Georgia 30319

Robert E. Gartin
1400 Lake Hearn Drive
Atlanta, Georgia 30319

Andrew A. Merdek
1400 Lake Hearn Drive
Atlanta, Georgia 30319

Officers

G. Dennis Berry - President
1400 Lake Hearn Drive
Atlanta, Georgia 30319

Darryll M. Ceccoli - Vice President
1400 Lake Hearn Drive
Atlanta, Georgia 30319

Robert E. Gartin - Vice President and Treasurer
1400 Lake Hearn Drive
Atlanta, Georgia 30319

Andrew A. Merdek - Secretary
1400 Lake Hearn Drive
Atlanta, Georgia 30319

Michael J. Langhorne - Assistant Secretary and Assistant Treasurer
1400 Lake Hearn Drive
Atlanta, Georgia 30319



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ACCOUNT NO. : 072100000032

REFERENCE : 858086 5123330

AUTHORIZATION :

Patricia Pizot

COST LIMIT : \$ 61.25

ORDER DATE : October 10, 2000

ORDER TIME : 11:43 AM

ORDER NO. : 858086-025

CUSTOMER NO: 5123330

CUSTOMER: Ms. Joan Como
Cox Enterprises, Inc
1400 Lake Hearn Drive
Atlanta, GA 30319

ANNUAL REPORT FILING

NAME: ADT AUTOMOTIVE, INC.

RECEIVED
00 OCT 11 PM 3:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX AMENDED ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar - Ext. 1124

EXAMINER'S INITIALS:

[Signature]