

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90740 048 \*\*\*150.00

**DOCUMENT # P93000048901**

1. Entity Name  
**AUTO A/C INC.**



Principal Place of Business  
**550 E PROSPECT RD  
OAKLAND PARK FL 33334  
US**

Mailing Address  
**550 E PROSPECT RD  
OAKLAND PARK FL 33334  
US**



2. Principal Place of Business

**4441 NE 11 AVE.**

3. Mailing Address

Suite, Apt. #, etc.

**4441 NE 11 AVE.**

Suite, Apt. #, etc.

**Oakland Park, FL**

City & State

City & State

**Oakland Park, FL**

Zip

Country

**33334**

**USA**

Zip

Country

**33334**

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0468860**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LOEWE, BRUCE R  
550 E PROSPECT RD  
OAKLAND PARK FL 33334**

7. Name and Address of New Registered Agent

Name

**SAME**

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

**4441 NE 11 AVE.**

City

**Oakland Park**

FL

Zip Code

**33334**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOEWE, BRUCE R</b>	
STREET ADDRESS	<b>2757 NE 17TH ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33305</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAWSON, DOUG</b>	
STREET ADDRESS	<b>2756 NE 18TH ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33305</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-03**

Date

**954 566 3221**

Daytime Phone #

CR2E034 (10/02)