2000 UNIFORM BUSINESS REPORT (UBR)

Jan 12, 2000 8:00 am DOCUMENT # P93000062236 **Secretary of State** AUTO-TECH OF BREVARD INCORPORATED 01-12-2000 90029 041 ***150.00 Principal Place of Business Mailing Address 230 POINSETT DRIVE 230 POINSETT DRIVE PAAAAITA COCOA FL 32922 COCOA FL 32922-7636 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3 198436 Not ΑμρίΙσευίο Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, J. PATRICK Street Address (P.O. Box Number is Not Acceptable) 930 S HARBOR CITY BLVD SUITE 505 **MELBOURNE FL 32901** Zio Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Delete KLENCK, JEROME W SR NAME NAME STREET ADDRESS 96 KATHERINE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W MELBOURNE FL ☐ Delete TITLE ☐ Change MOSER, SUSAN B NAME NAME STREET ADDRESS STREET ADDRESS 2653 ELLIOTT WAY, #6 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL TITLE Delete TITLE Change MOSER, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 1027 CROMEY RD NE CITY-ST-ZIP CITY-ST-ZIP Palm Bay Fl ☐ Change TITLE ☐ Delete TITLE KLENCK, MARK A NAME NAME STREET ADDRESS 272 GODFREY ROAD SE STREET ADDRESS CITY-ST-ZIP PALM BAY FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change KLENCK, JESSICA NAME NAME STREET ADDRESS STREET ADDRESS 96 KATHERINE BLVD CITY-ST-ZIP W. MELBOURNE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change KLENCK, JEROME W. JR NAME NAME STREET ADDRESS 1027 CROMEY RD NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL

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 life 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 discount 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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