

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90252 050 ***150.00

DOCUMENT # P93000062236

1. Entity Name

AUTO-TECH OF BREVARD INCORPORATED

Principal Place of Business

Mailing Address

**230 POINSETT DRIVE—
COCOA FL 32922
US**

**230 POINSETT DRIVE
COCOA FL**

2. Principal Place of Business

230 ROSA L. JONES DRIVE

3. Mailing Address

230 ROSA L. JONES DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA FLA

City & State

COCOA FLA

Zip

32922

Country

U.S.

Zip

32922

Country

U.S.

4. FEI Number

59-3198436

Applied For

Not Applicable

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

**ANDERSON, J. PATRICK
930 S HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901**

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	VD	<input type="checkbox"/> Delete
NAME	KLENCK, JEROME W SR	
STREET ADDRESS	96 KATHERINE BLVD	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	MOSER, SUSAN B	
STREET ADDRESS	2653 ELLIOTT WAY, #6	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOSER, EDWARD	
STREET ADDRESS	1027 CROMIEY RD NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KLENCK, MARK A	
STREET ADDRESS	272 GODFREY ROAD SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLENCK, JESSICA	
STREET ADDRESS	96 KATHERINE BLVD	
CITY-ST-ZIP	W. MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLENCK, JEROME W. JR	
STREET ADDRESS	1027 CROMIEY RD NE	
CITY-ST-ZIP	PALM BAY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richards, Susan	
STREET ADDRESS	2730 Palm Bay Road N.E.	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLENCK, MICHAEL	
STREET ADDRESS	805 E. Hibiscus Blvd	
CITY-ST-ZIP	MELBOURNE, FL 32901	
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		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jerome W Klenck Jr

15 JAN 01

Date

Daytime Phone #

321 639-3230

CR2E034 (10/00)