

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90121 016 ***150.00

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DOCUMENT # P93000062236

1. Entity Name

AUTO-TECH OF BREVARD INCORPORATED



Principal Place of Business

**230 ROSA L. JONES DR.
COCOA FL 32922
US**

Mailing Address

**230 ROSA L. JONES DR.
COCOA FL 32922**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3198436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. 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 **VD** ☐ Delete
NAME **KLENCK, JEROME W SR**
STREET ADDRESS **1205 LANKSPUR STREET**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **RICHARDS, SUSAN**
STREET ADDRESS **2730 PALM BAY RD NE**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KLENCK, MICHAEL**
STREET ADDRESS **805 E. HIBISCUS BLVD**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **KLENCK, MARK A**
STREET ADDRESS **272 GODFREY ROAD SE**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☒ Change ☐ Addition
NAME **KLENCK MARK**
STREET ADDRESS **1900 WINDBROOK DR. S.E.**
CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE **D** ☐ Delete
NAME **KLENCK, JESSICA**
STREET ADDRESS **1205 LANKSPUR STREET**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KLENCK, JEROME W. JR**
STREET ADDRESS **1209 LANKSPUR**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☒ Change ☐ Addition
NAME **KLENCK, JEROME W JR**
STREET ADDRESS **490 Periwinkle Dr.**
CITY-ST-ZIP **Sebastian, FL 32958**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Feb 03

321 639 3230

Date

Daytime Phone #

CR2E034 (10/02)