

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
06-30-2000 90006 006 \*\*\*150.00  
FILED

DOCUMENT # P94000013383

1. Entity Name

**AUTO INTERIOR SPECIALIST, INCORPORATED**

00 JUL 20 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

Principal Place of Business

**272 N.E. 47th Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

City & State

Zip

**33064**

Country

Zip

Country

4. FEI Number

**65-0485298**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN D. WILLIAMS**

**272 N.E. 47th STREET**

**POMPAÑO BEACH, FL 33064**

Name

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

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JOHN D. WILLIAMS</b> <b>272 N.E. 47th STREET</b> <b>POMPAÑO BEACH, FL 33064</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**KE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/00 (954) 942-9858

Date

Daytime Phone #