

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90862 020 \*\*\*158.75

0006734 AN

**DOCUMENT # P94000089264**

1. Entity Name

**ALTERNATOR & STARTER SPECIALISTS INC.**

Principal Place of Business

**3293 HIGHWAY 17 N  
GREEN COVE SPRINGS FL 32043  
US**

Mailing Address

~~C/O DAVID A. KING, ATTORNEY  
1416 KINGSLEY AVE  
ORANGE PARK FL 32073~~

2. Principal Place of Business

3. Mailing Address

**3293 Highway 17 NORTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Green Cove Springs, FL**

Zip

Country

Zip

Country

**32043**

**USA**

4. FEI Number

**59-3283637**

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

~~KING, DAVID A  
ATTORNEY AT LAW  
1416 KINGSLEY AVENUE  
ORANGE PARK FL 32073~~

7. Name and Address of New Registered Agent

Name  
**Michael K. Rosenbarker**  
Street Address (P.O. Box Number is Not Acceptable)  
**3293 Highway 17 NORTH**

City  
**Green Cove Springs, FL** Zip Code  
**32043**

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

*Michael K. Rosenbarker, Pres*  
**Michael K. Rosenbarker**

(NOTE: Registered Agent signature required when reinstating)

DATE

**03-19-02**

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, 2002 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

TITLE **D** ☐ Delete  
NAME **ROSENBARKER, MICHAEL K**  
STREET ADDRESS **3293 HIGHWAY 17 N**  
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
NAME **Rosenbarker, Kimberly A.**  
STREET ADDRESS **3293 Highway 17 North**  
CITY-ST-ZIP **Green Cove Springs, FL 32043**

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

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

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

TITLE ☐ Change ☐ 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:

*Michael K. Rosenbarker, Pres*  
**Michael K. Rosenbarker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03-19-02 (904) 284-530**

CR2E034 (9/01)