

2002 UNIFORM BUSINESS REPORT (UBR)

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

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DOCUMENT # P94000089264
 1. Entity Name
ALTERNATOR & STARTER SPECIALISTS INC.

04-02-2002 90862 020 ***158.75



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: Suite, Apt. #, etc.
 3. Mailing Address: 3293 Highway 17 NORTH, Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Green Cove Springs, FL
 4. FEI Number: 59-3283637 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: 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* DATE: 03-19-02
Signature of the registered agent or registered office and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: ROSENARKER, MICHAEL K STREET ADDRESS: 3293 HIGHWAY 17 N CITY-ST-ZIP: GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete	TITLE: P NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: VP NAME: Rosenbarker, Kimberly A. STREET ADDRESS: 3293 Highway 17 North CITY-ST-ZIP: Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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* DATE: 03-19-02 (904) 284-530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)