

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025704

1. Entity Name

AUTO-KINETICS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90236 009 ***158.75

Principal Place of Business

800 DUNBAR AVE
OLDSMAR FL 34677

Mailing Address

P.O. BOX 1109
OLDSMAR FL 34677-1109
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3306990**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NELSON, RICHARD
1810 PINE HILL DR
SAFETY HARBOR FL 34695

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NELSON, RICHARD	
STREET ADDRESS	1810 PINE HILL DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	V	<input type="checkbox"/> Delete
NAME	MINTON, HARVEY	
STREET ADDRESS	378 FOUNTAINVIEW CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KENNARD, GREGORY M	
STREET ADDRESS	116 TALLEY DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUCK, MARK	
STREET ADDRESS	1536 BONAIR STREET	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/00

Date

813/855-2685

Daytime Phone #

CR2E034 (9/99)