

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90167 011 ***158.75

DOCUMENT # P95000025704

1. Entity Name
AUTO-KINETICS, INC.



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
215 VOLLMEER AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Oldsmar, FL

City & State

4. FEI Number **59-3306990**

Applied For
Not Applicable

Zip
34677

Country
USA

Zip

Country

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

**NELSON, RICHARD
1810 PINE HILL DR
SAFETY HARBOR FL 34695**

CHANGE OF ADDRESS

Name **NELSON RICHARD**
Street Address (P.O. Box Number is Not Acceptable)
1135 VICTORIA DRIVE UNIT #3
City **DUNEDIN** **FL** Zip Code **34698**

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 _____ (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 **P** ☐ Delete
NAME **NELSON, RICHARD**
STREET ADDRESS **1810 PINE HILL DR**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**
CHANGE OF ADDRESS

TITLE **P** ☐ Change ☐ Addition
NAME **NELSON RICHARD**
STREET ADDRESS **1135 VICTORIA DRIVE UNIT #3**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **V** ☐ Delete
NAME **MINTON, HARVEY**
STREET ADDRESS **378 FOUNTAINVIEW CIRCLE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

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

TITLE **ST** ☒ Delete
NAME **CHRISTIAN, CRYSTAL**
STREET ADDRESS **1078 CAPTAINS WAY**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Change ☒ Addition
NAME **ST NELSON, DANIEL**
STREET ADDRESS **3888 Nighthawk Drive**
CITY-ST-ZIP **Palm Harbor FL 34684**

TITLE **V** ☐ Delete
NAME **BUCK, MARK**
STREET ADDRESS **1536 BONAIR STREET**
CITY-ST-ZIP **CLEARWATER FL 34615**
CHANGE OF ADDRESS

TITLE **V** ☐ Change ☐ Addition
NAME **BUCK MARK**
STREET ADDRESS **194 CHERRY BROOKE COURT**
CITY-ST-ZIP **TARPON SPRINGS FL 34688**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 OF RICHARD NELSON** 1-27-03 813-855-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)