

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90103 044 \*\*\*150.00

DOCUMENT # **P950000 47139**

1. Entity Name

**Auto Air Innovations, Inc.**

Principal Place of Business

Mailing Address

**13816 West Sligh Ave  
 TAMPA, FL 33614**

**SAME**

**A0051508**

2. Principal Place of Business

**3816 West Sligh Ave**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

**FL**

4. FEI Number

**59-3320763**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Scot M. Pace  
 15520 Lake Grace Dr.  
 Odessa, FL 33556 US.**

7. Name and Address of New Registered Agent

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/11/01**

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, 2001 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 **DP** NAME **PACE, Scot Michael** ☐ Delete  
 STREET ADDRESS **5021 N LOIS AVE**  
 CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **DS** NAME **ZIEHN, Mary C** ☐ Delete  
 STREET ADDRESS **5021 N. LOIS AVE.**  
 CITY-ST-ZIP **TAMPA, FL 33614**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** NAME **PACE, Scot Michael** ☒ Change ☐ Addition  
 STREET ADDRESS **3816 West Sligh Ave**  
 CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **DS** NAME **ZIEHN, Mary C** ☒ Change ☐ Addition  
 STREET ADDRESS **3816 West Sligh Ave**  
 CITY-ST-ZIP **TAMPA, FL 33614**

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 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

**Scot M Pace 4/11/01 (813)874-9043**

Date

Daytime Phone #

CR2E034 (11/00)