

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063736

1. Entity Name

AUTO SECURITY SPECIALISTS, INC.

Principal Place of Business

4404 OLD SAYBROOK AVENUE
TAMPA FL 33624

Mailing Address

4404 OLD SAYBROOK AVENUE
TAMPA FL 33624

2. Principal Place of Business

4303 W. NORTH A
Suite, Apt. #, etc.

106

3. Mailing Address

4303 W. NORTH A
Suite, Apt. #, etc.

106

City & State

TAMPA FL

Zip

33609

Country

USA

Zip

33609

Country

USA

6. Name and Address of Current Registered Agent

LONG, MICHAEL E
4404 OLD SAYBROOK AVENUE
TAMPA FL 33624

Name

Street Address (P.O. Box Number is Not Acceptable)

4303 W. NORTH A
TAMPA FL 33609

City

Zip Code

4. FEI Number

59-3367926

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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, 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, MICHAEL E 4404 OLD SAYBROOK AVENUE TAMPA FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LONG MICHAEL E. 4303 W. NORTH A 106 TAMPA FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 E Long* MICHAEL E LONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)