

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90046 024 \*\*\*150.00

DOCUMENT # P96000000282

1. Entity Name

UNITED AUTO SYSTEMS, INC.

Principal Place of Business

6401 BADGER DR  
BLDG E  
TAMPA FL 33610  
US

Mailing Address

3092 S. 25TH STREET  
FT. PIERCE FL 34981

2. Principal Place of Business

40115 County Rd 54 East

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

City & State

Zip  
33540

Country

Pasco

Zip

Country

4. FEI Number 65-0638023

Applied For

Not Applicable

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

MILES, JOSEPH J  
5207 FIVE ACRE ROAD  
PLANT CITY FL 33565

Name

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

5848 Frontier Drive

City

Zephyrhills

FL

Zip Code

33540

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
V	CHILDS, CONNIE	3092 S. 25TH STREET	FT. PIERCE FL 34981	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	MILES, JOSEPH J	5207 FIVE ACRE ROAD	PLANT CITY FL 33565	<input type="checkbox"/>			5848 Frontier Drive	Zephyrhills, FL 33540	<input type="checkbox"/>	<input type="checkbox"/>
S	MILES, ARBELL	3076 S. 25TH STREET	FORT PIERCE FL 34981	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	MILES, JOSEPH B	3076 S. 25TH STREET	FORT PIERCE FL 34981	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Connie Childs  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

561 468-2185

Daytime Phone #

CR2E034 (10/00)