

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90438 006 \*\*\*150.00

**DOCUMENT # P96000000282**

1. Entity Name  
UNITED AUTO SYSTEMS, INC.



Principal Place of Business  
40115 COUNTY ROAD 54 EAST  
ZEPHYRHILLS, FL 33540 US

Mailing Address  
3092 S. 25TH STREET  
FT. PIERCE, FL 34981



03022005 000000 000000000000

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0638023

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 00000000  
0000 000000

6. Name and Address of Current Registered Agent

MILES, JOSEPH J  
5848 FRONTIER DRIVE  
ZEPHYRHILLS, FL 33540

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** 000000  
0000000000

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILES, JOSEPH J
STREET ADDRESS	5848 FRONTIER DRIVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. Miles 4/27/05

Date

772-465-5960

Day/Time Phone #