

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045408

1. Entity Name

AUTOHELP INTERNATIONAL NETWORK, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90087 029 ***150.00

Principal Place of Business

Mailing Address

14076 TROUVILLE DRIVE
TAMPA FL 33624

14076 TROUVILLE DRIVE
TAMPA FL 33624-6958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3328720

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

JANNOUN, SAEB
14076 TROUVILLE DRIVE
TAMPA FL 33624

Name

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

5523 RAWLS RD

City

TAMPA

FL

Zip Code

33625

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS JANNOUN, SAEB
CITY-ST-ZIP 14076 TROUVILLE DRIVE
TAMPA FL 33624

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5523 RAWLS RD
CITY-ST-ZIP TAMPA FL 33625

TITLE ☒ Delete
NAME D
STREET ADDRESS LOVE, ROSS A
CITY-ST-ZIP 345 E. COUNTY LINE ROAD
HATBORO PA 19040

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

CR2E034 (9/99)