

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068442

1. Entity Name
AUTORELATIONS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90089 018 ***150.00

Principal Place of Business
**346 PABLO TERRACE
PONTE VEDRA BEACH FL 32082**

Mailing Address
**P.O. BOX 3214
PONTE VEDRA BEACH FL 32004-3214
US**

2. Principal Place of Business
8825 Perimeter Park Blvd.

3. Mailing Address
8825 Perimeter Park Blvd.

Suite, Apt. #, etc.
Ste 601

Suite, Apt. #, etc.
Suite #601

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32216 USA

Zip Country
32216 USA

4. FEI Number **59-3397254**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**USSERY, WILLIAM L III
346 PABLO TERRACE
PONTE VEDRA BEACH FL 32082**

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 **William L. Ussery, President**

DATE **4/30/01**

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 **CPD** ☐ Delete
NAME **USSERY, WILLIAM L III**
STREET ADDRESS **346 PABLO TERRACE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **William L. Ussery**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/30/01**

DAYTIME PHONE # **904-642-2585**

CR2E034 (10/00)