## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P96000083102 **DOCUMENT #**

Apr 28, 2003 8:00 am Secretary of State

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1. Entity Name AUTO TECH SELECT, INC.								04-28-2003 91271 011 ***150.00						
Principal Place of Business 500 CHENEY HIGHWAY TITUSVILLE FL 32780  Malling Address 500 CHENEY HIGHWAY TITUSVILLE FL 32780									I <b>13</b> 00 <b>I E</b> 018	LUKU <b>sale</b> u	1 <b>0.00.</b> (1.00. 1.00. 1			
Principal Place of Business     3. Mailing Address						-						1911 1981		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State			City	City & State				4. FEI Number 59-3424684					Applied For Not Applicable	
Zip Country			Zip	Zip Cour		ntry		5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name	and Address of Cur	rent Registered	d Agent		ļ <u>-</u>		7. Name and	Address o	New Rec	jistered .	Agent		
5530 BAR	MARESCA NA AVE E FL 32780				1	Name Street Ad	idress (P.	O. Box Numb	er is Not Acc	ceptable)				
·		( ) 46 C		Nora	<i>ل</i> ا	City					FL	Zip Cod	e	
	tions of legist	y submits this stateme ered agent or offined name of lagistered	Luso	- L	202	ed office or I	m	d agent, or both		te of Florid	DATE	familiar with,	and accept	
After	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550. Florida Departmer				# #			ection Camp ust Fund Co	-	ncing [		May Be I to Fees	
10.		OFFICERS A	AND DIRECTOR	is	11.			ADDITIONS	/CHANGES	TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARESCA 5530 BARI			☐ Delete			·		•			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARMANDO 5530 BARI	S MARESCA		☐ Delete		1						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T. L		Deleter		ſ	-	Landa de la compansión de		-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1		,				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								Change	Addition	

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 of 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: