

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000098793**

1. Entity Name

AUTOMOTIVE SYSTEMS EXPERTS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90103 032 ***158.75

Principal Place of Business

**6311 POWERS AVE.
JACKSONVILLE FL 32217**

Mailing Address

**P.O BOX 16953
JACKSONVILLE FL 32245-6953
US**

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 **59-3413994**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANDRIE, R.M.
6311 POWERS AVE.
JACKSONVILLE FL 32217**

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

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

(NOTE: Registered Agent signature required when re-instating)

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

TITLE	DPTS	☐ Delete
NAME	SANDRIE, R.M.	
STREET ADDRESS	12559 CARON DR.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DVP	☐ Delete
NAME	FUGATE, CALVIN R	
STREET ADDRESS	7875 MACDOUGALL DR.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DVP	☐ Delete
NAME	LOCKABY, DANIEL W	
STREET ADDRESS	2616 EMILY LN.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

R.M. Sandrie

R.M. Sandrie, Pres.

04/16/2001 (904) 733-6644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (10/00)