

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013905

1. Entity Name

**AUTHENTIC REPLACEMENT TECHNOLOGIES, INC.**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90168 044 \*\*\*150.00

Principal Place of Business

Mailing Address

4313-B. WEST KENNEDY BOULEVARD  
TAMPA FL 33609

4313-B. WEST KENNEDY BOULEVARD  
TAMPA FL 33609-2126

**935057**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3644B S W Shore Blvd.

Suite, Apt. #, etc.

3. Mailing Address

3644B S W Shore Blvd.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3429183

Applied For

Not Applicable

Zip

33629

Country

Hillsborough

Zip

33629

Country

Hillsborough

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIPP, JOAN  
4313B W. KENNEDY BLVD  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

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

3644B S W Shore Blvd.

City  
Tampa

FL

Zip Code  
33629

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]*

(NOTE: Registered Agent signature required when reinstating)

4-4-00

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KIPP, JOAN  
CITY-ST-ZIP 4313B W. KENNEDY BLVD  
TAMPA FL 33609

TITLE ☐ Delete  
NAME V  
STREET ADDRESS DENICOLA, CAROLINE  
CITY-ST-ZIP 4313B W. KENNEDY BLVD  
TAMPA FL 33609

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 3644B S W Shore Blvd.  
CITY-ST-ZIP Tampa, FL 33629

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3644B S W Shore Blvd.  
CITY-ST-ZIP Tampa, FL 33629

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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]* VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Date

813 831 6606

Daytime Phone #

CR2F034 (9/99)