

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2001 8:00 am
Secretary of State

05-09-2001 90004 049 ***150.00

DOCUMENT # P97000029663

1. Entity Name

AUTOROUTER INC.

Principal Place of Business

3009 SALEM AVENUE
SARASOTA FL 34232

Mailing Address

3009 SALEM AVENUE
SARASOTA FL 34232

2. Principal Place of Business

7336 Memorial Drive
Suite, Apt. #, etc.

Suite B
City & State

Port Charlotte, Florida
Zip Country

33981 USA

3. Mailing Address

7336 Memorial Drive
Suite, Apt. #, etc.

Suite B
City & State

Port Charlotte, Florida
Zip Country

33981 USA

8 3 3 0 0 7



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0746127

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

MATURO, ANDREW T
3009 SALEM AVENUE
SARASOTA FL 34232

Name

Andrew T Maturo

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

7336 Memorial Drive

Port Charlotte, Florida

City

Port Charlotte

FL

Zip Code

33981

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

Andrew T Maturo President

4-1-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MATURO, ANDREW T
STREET ADDRESS 3009 SALEM AVENUE
CITY-ST-ZIP SARASOTA FL 34232

TITLE P ☒ Change ☐ Addition
NAME Maturo, Andrew T.
STREET ADDRESS 7336 Memorial Drive
CITY-ST-ZIP Port Charlott, Florida 33981

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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:

Andrew T Maturo President

4-1-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-321-8267

CR2E034 (10/00)