

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000031242

1. Entity Name  
AUTOPILOT EXPRESS, INC.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90005 047 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

131 SE 6TH CT.

131 SE 6TH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
POMPAÑO BCH, FL.

City & State  
POMPAÑO BCH, FL.

4. FEI Number  
65-0742153

Applied For  
Not Applicable

Zip  
33060

Country  
BROWARD

Zip  
33060

Country  
BROWARD

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

Name  
STEPHEN M. DE LONG

Street Address (P.O. Box Number is Not Acceptable)  
131 SE 6TH CT.

City  
POMPAÑO BCH. FL Zip Code  
33060

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 reinstating)

DATE

4/21/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES. D. S. T.  
STEPHEN M. DE LONG  
131 SE 6TH CT.  
POMPAÑO BCH, FL. 33060 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D. P. S. T.  
STEPHEN M. DE LONG  
131 SE 6TH CT.  
POMPAÑO BCH, FL. 33060 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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TITLE  
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☐ Change ☐ Addition

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☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 9546121435

Date

Daytime Phone #

CR2E034 (9/99)