

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90062 038 \*\*\*150.00

**DOCUMENT # P97000079265**

1. Entity Name  
**AUTOMOTIVE GLOBAL NETWORKS, INC.**



Principal Place of Business  
**10410 GRENDAL DRIVE  
TAMPA FL 33626  
US**

Mailing Address  
**10410 GRENDAL DRIVE  
TAMPA FL 33626  
US**

2. Principal Place of Business  
**8608 11th Ave n.w.**  
Suite, Apt. #, etc.

3. Mailing Address  
**8608 11th Ave n.w.**  
Suite, Apt. #, etc.

City & State  
**Bradenton FL**  
Zip  
**34209**  
Country  
**USA**

City & State  
**Bradenton, FL**  
Zip  
**34209**  
Country  
**USA**

4. FEI Number  
**59-3467565**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

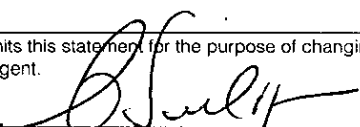
## 6. Name and Address of Current Registered Agent

**SOUDJN, ARTHUR**  
**615 N BANNOCKBURN AVE**  
**TEMPLE TERRACE FL 33617**

## 7. Name and Address of New Registered Agent

Name  
**Soudjn, Arthur**  
Street Address (P.O. Box Number is Not Acceptable)  
**8608 11th Ave n.w.**  
City  
**Bradenton** **FL** Zip Code  
**34209**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

**3/2/2003**  
DATE

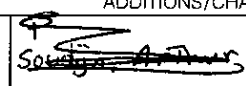
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>SOUDJN, ARTHUR</b><br><b>8608 11TH AVE NW</b><br><b>BRADENTON FL 34209</b>        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSTD</b><br><b>WYATT, ROGER K JR</b><br><b>10410 GREENDALE DRIVE</b><br><b>TAMPA FL 33626</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><b>Soudjn, Arthur</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSTD</b><br><b>WYATT, ROGER K. JR</b><br><b>13858 U.S. Highway 92</b><br><b>Dover, FL 33527</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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 or 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/2003**  
Date

**941-761-1903**  
Daytime Phone #

CR2E034 (10/02)