## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084426  1. Entity Name AUTO PRO, INC.					FILED Feb 17, 2000 8:00 am Secretary of State 02-17-2000 90072 006 ***150.00				
Principal Plac	e of Business	Mailing Address		<b>-</b>  -	V	2-17-2000 70072	, 000 1.	50.00	
1400 EDGEWATER DR. ORLANDO FL 32804		1400 EDGEWATER DR. ORLANDO FL 32804-6353							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE		
City & State		City & State		4.	FEI Number	59-3473107			olied For Applicable
Zip Country		Zip Country		5. (	Certificate of S	Status Desired	\$8.75 Fee Re	Addit	tional
	6. Name and Address of Current	Registered Agent		7. <u>I</u>	Name and Ad	dress of New Regist		quired	
SHEMANSKY, JOSEPH G 6219 RANIER DR. ORLANDO FL 32810			Street Address	ss (P.O. B	ox Number is	Not Acceptable)	FL Zip	) Code	 
SIGNATURE :	named entity submits this statement for SEPH SHEMANSKY Co.  Signature, typed or printed name of registered agent a contact on is eligible to satisfy its intangible requirement and elects to do so.	FILE NOW!	PRESIDE A E: Registered Agent signature req !! FEE IS \$150.00 00 Fee will be \$550.0 ile to Department of S	7 uired when re	einstating)				May Be
11.	OFFICERS AND		12.		L DITIONS/CH	IANGES TO OFFICER	S AND DIREC	TORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEMANSKY, JOSEPH 6219 RANIER DRIVE ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Cha	ange	☐ Addition
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indicated of the cor	certify that the information supplied with lon this, report or supplemental report is rporation or the receiver or trustee emports, or on an attachment with an address,	strue and accurate and that re owered to execute this report	ny signature shall have t as required by Chapter	he same	legal effect a	s if madé under oath:	that I am an c	officer o	or airector