

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085395

1. Entity Name

DEALER AUTOMATION, INC.

FILED

Sep 22, 2000 8:00 am  
Secretary of State

09-22-2000 90040 039 \*\*\*150.00

Principal Place of Business

1310 W. COLONIAL DRIVE  
11  
ORLANDO FL 32804  
US

Mailing Address

1310 W. COLONIAL DRIVE  
11  
ORLANDO FL 32804  
US

2. Principal Place of Business

3. Mailing Address

7217 E. Colonial Dr 7217 E. Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Orlando, FL

Zip 32807

Country US

Zip 32807

Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3471259

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

WOODS, KENNETH R  
: 1310 W. COLONIAL DRIVE  
ORLANDO FL 32804

Name Kenneth R. Woods.

Street Address (P.O. Box Number is Not Acceptable)  
7217 E. Colonial Dr.

Suite 112

City Orlando

FL

Zip Code 32807

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

*Kenneth R Woods*

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

(NOTE: Registered Agent signature required when reinstating)

9-19-00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	D	<input type="checkbox"/> Delete
NAME	WOODS, KENNETH R	
STREET ADDRESS	5019 FERNCREST DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

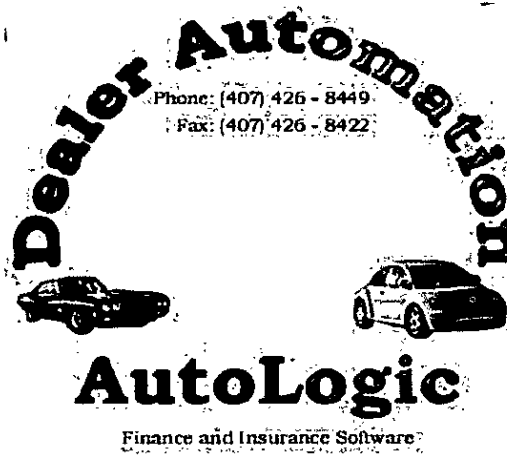
*Kenneth R Woods*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-00

Date

Daytime Phone #

CR2E034 (5/00)



Attachment # P97 000085325  
Bo107342

September 19, 2000

Division Of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

RE: 2000 Uniform Business Report

To Whom It May Concern:

Today I received the Business Uniform Report in the mail. Obviously the change of address I made did not get forwarded to your office by mistake.

Today I contacted your office and spoke to Leslie. Upon explaining the circumstances to her, she advised me to forward the form including a check for \$150.00. Enclosed please find said check in the requested amount.

I apologize for any inconvenience this may have caused. Thank you, for your assistance in this matter and for updating my correct address.

Sincerely,

*Ken Woods/dc*

Ken Woods  
Dealer Automation