

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90121 005 \*\*\*150.00

0005388 AV

**DOCUMENT # P98000025777**

1. Entity Name  
**AUTOMOTION SERVICES, INC.**



Principal Place of Business  
**9601 SUNBEAM CENTER DR.  
JACKSONVILLE FL 32257  
US**

Mailing Address  
**9601 SUNBEAM CENTER DR.  
JACKSONVILLE FL 32257  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3504027**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**YORK, THOMAS E  
9601 SUNBEAM CENTER DR.  
JACKSONVILLE FL 32257**

Name

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

City

**FL**

Zip Code

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 *Thomas E York*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8-6-03**  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **YORK, THOMAS E**  
STREET ADDRESS **12550 AGATITE RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32258**

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

TITLE **VP** ☐ Delete  
NAME **YORK, DONALD H**  
STREET ADDRESS **722 PONTE VEDRA BLVD.**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☒ Change ☐ Addition  
NAME **V.P. YORK, DONALD H.**  
STREET ADDRESS **4521 PALMETTO COVE LANE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-6-03 904-292-3994**  
Date Daytime Phone #

CR2E034 (4/03)

# Automation SERVICES

Attachment #

(904) 292-3994 • Fax (904) 292-3990

9601 Sunbeam Center Drive • Jacksonville, Florida 32257

Dept. of State

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

80136896

8-6-03

PR800002577

Dear Madam or Sir:

The attached notice is the first we have received. Therefore, we are enclosing the fee of \$150 for the instruction sheet, plus this letter. Please waive the late fee. Thank you.

Donald H. York V.P.  
DONALD H. YORK