

2000 UNIFORM BUSINESS REPORT (UBR)

0111312

DOCUMENT # P98000042803

1. Entity Name

AUTONOMOUS INTERNATIONAL CORPORATION

FILED

00 MAY 10 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2501
2500 DISCOVERY DRIVE #102
ORLANDO FL 32826

2501
2500 DISCOVERY DRIVE #102
ORLANDO FL 32826-3002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3528570

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

GRIMM, WILLIAM A CORPORATION SERVICE
201 EAST PINE STREET COMPANY
SUITE 1200 1201 HAYS STREET
ORLANDO FL 32801 TALLAHASSEE, FL
32301-2525

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.

SIGNATURE

BRIAN COURTNEY, ASST. V.P.

5/10/2000

Signature, typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 \$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	D	<input checked="" type="checkbox"/> Delete
NAME	FREY, RUDOLPH W	
STREET ADDRESS	2207 MAITLAND CIR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTY, ALLEN K	
STREET ADDRESS	2050 GOLD CT	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PALMISANO, ROBERT	
STREET ADDRESS	216 BEARON ST. #1	
CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	V5	<input type="checkbox"/> Delete
NAME	LIGHTMAN, JAMES	
STREET ADDRESS	38 HIGH GATE RD	
CITY-ST-ZIP	WAYLAND, MA	
TITLE	UT	<input type="checkbox"/> Delete
NAME	KELLY, ROBERT	
STREET ADDRESS	TWO DAY STREET	
CITY-ST-ZIP	NORFOLK MA 02056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003256357-2	
STREET ADDRESS	-05/18/00-01005-010	
CITY-ST-ZIP	****400.00 ****400.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003256357-2	
STREET ADDRESS	-05/18/00-01005-011	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/00 (781) 890-1234

Date

Daytime Phone #

CR2E034 (9/99)

KE