

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90415 004 ***150.00

0126501

DOCUMENT # P98000047102

1. Entity Name

AUTOTRIX, INC.

Principal Place of Business

6801 NW 6TH COURT
MARGATE FL 33063

Mailing Address

6801 NW 6TH COURT
MARGATE FL 33063

2. Principal Place of Business

Autotrix

3. Mailing Address

Autotrix

Suite, Apt. #, etc.

4844 N University Dr

Suite, Apt. #, etc.

4844 N University Dr

City & State

Lauderhill

City & State

Lauderhill

Zip

33351

Country

USA

Zip

33351

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0841270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAIRE, BENJAMIN H ESQ
5100 W COPANS ROAD SUITE 900
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name KURT BLACKMAN

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

6801 NW 6 CT

City

Margate

FL

Zip Code

33063

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

K. Blackman VP

(NOTE: Registered Agent signature required when reinstating)

3/26/01

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, 2001 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

TITLE D
NAME BLACKMAN, KURT
STREET ADDRESS 6801 NW 6TH COURT
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE D
NAME BLACKMAN, SHIRLEY
STREET ADDRESS 6801 NW 6TH COURT
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

K. Blackman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/01

Daytime Phone #

954 973-8409
954 749-9595

CR2E034 (10/00)