

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049628

1. Entity Name
AUTO DESIGNS, INC.

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90001 020 ***150.00

Principal Place of Business
1026 SOUTH NOVA ROAD
ORMOND BEACH FL 32174
US

Mailing Address
627 10TH STREET
HOLLY HILL FL 32117
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
572 8th St
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Holly Hill FL
Zip 32117 Country US

City & State
Zip Country

4. FEI Number APPLIED FOR
59-3557637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINS, ROBERT
1206 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32115

7. Name and Address of New Registered Agent

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: _____ (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 \$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

TITLE P
NAME THOMAS, MARK
STREET ADDRESS 627 10TH STREET
CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Delete

TITLE ST
NAME THOMAS, PATTY
STREET ADDRESS 627 10TH STREET
CITY-ST-ZIP HOLLY HILL FL 32117 ☐ 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 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00 (904) 258-9850
Date Daytime Phone #

CR2E034 (5/00)

9.13.00
attachmint

PA48000049628

A0079580

To Whom it may concern

This is our second year as a corporation. Our business is a small one, therefore we do our own book keeping. During our first year of operation we've experienced many down falls. The biggest being the ~~in excep~~ unexpected relocation of the business. Since the move many of our records were lost. Please accept this letter and payment of 50.00.

Thank you

Patty Thomas