

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90041 045 \*\*\*150.00

DOCUMENT # P98000096763

1. Entity Name

~~LIFE DRIVEN ENTERPRISES INC.~~

Automotive Business Solutions Inc.

*Automotive Business Solutions Inc.*

Principal Place of Business

521 S PAULA DR  
DUNEDIN FL 34698  
US

Mailing Address

501 S PAULA DR  
DUNEDIN FL 34698  
US

N  
12



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

501 S. Paula Dr.

Suite, Apt. #, etc.

City & State

City & State

Dunedin, FL

Zip  
34698

Country

Pinellas

Zip

Country

4. FEI Number

59-3543670

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

DAYHOFF, CHARLES S III  
3830 TAMPA ROAD  
SUITE 150  
PALM HARBOR FL 34684

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

Signature, typed or printed 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HENRY, VARNER J  
CITY-ST-ZIP 3008 LANDMARK BOULEVARD #202  
PALM HARBOR FL 34684

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SCHMIDT, JOHN H  
CITY-ST-ZIP 3136 CARLOS DRIVE  
DUNEDIN FL 34698

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

2/13/01

CR2E034 (10/00)