

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P990000012882**

1. Entity Name
Auto Connection of America Inc.

FILED

00 APR 10 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**907 NE 3rd Ave
Ft Lauderdale FL 33304**

Mailing Address
**2001 NW 45th ST
OAKLAND PARK FL 33309**

2. Principal Place of Business
907 NE 3rd Ave
Suite, Apt. #, etc.

3. Mailing Address
2001 NW 45th ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft Lauderdale FL
Zip
33304 Country
Broward

City & State
OAKLAND PARK FL
Zip
33309 Country
Broward

4. FEI Number
65-0891653 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

Timothy Knox
2001 NW 45th ST
OAKLAND PARK FL 33309

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  **Timothy E Knox** **3/23/00**
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, 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

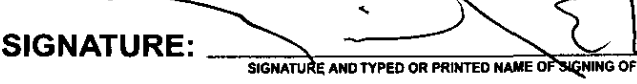
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Owner President	<input type="checkbox"/> Delete
NAME Timothy E Knox	
STREET ADDRESS 2001 NW 45th ST	
CITY-ST-ZIP OAKLAND PARK FL 33309	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
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	

400003213864--2
-04/19/00--01010--015
*****150.00 ***150.00**

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:  **3/22/00** **(954) 295-7196**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)