2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000012882 **DOCUMENT #**

1. Entity Name

AUTO CONNECTION OF AMERICA, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90194 009 ***150.00

				'						
Principal Place of Business 907 NE 3RD AVE FT. LAUDERDALE FL 33304		2001	Mailing Address 2001 NW 45TH ST OAKLAND PARK FL 33309							
2. Principal	Place of Business	3. Ma	iling Address	\		-				
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				CHECK HERE I	F MAKINO	CHANGES	3
City & State		City	City & State			4. FE! Number	CE 00010E0		1	Applied For
Zip	Country	Zip		Country		 	65-0891653		\$8.75 Ac	ot Applicable
	6 Name and Address	ss of Current Register	-4.6	<u> </u>		5. Certificate of S			Fee Requir	aditional red
	o. Name and Addres	ss or current Register	ed Agent	., .	Name	7. Name and Add	dress of New Re	egistered	Agent	
KNOX, TI	IMOTHY E				Change Adding 1	BO 0				
!	45TH ST				Street Address (P.O. Box Number is I	Not Acceptable)			
OAKLANI	D PARK FL 33309								-	
					City			FL	Zip Cod	de e
8. The above	e named entity submits this	s statement for the purp	ose of changing its	s registered of	office or register	ed agent, or both, in	the State of Flor		amiliar with	and accept
the obliga	ations of registered agent.				_					and doopt
SIGNATURE	Signature, typed or printed name of	of comings and a second state of				· · · · · · · · · · · · · · · · · · ·			٠	
-dj			incable. (NOT	re: Hegistered Ag	ent signature required	when reinstating)		DATE		
. Afte	FILE NOW!!! FEE IS : er May 1, 2003 Fee will ek Payable to Florida De	he \$550 00					n Campaign Fina and Contribution.		\$5.0 Adde	00 May Be d to Fees
10.	OF	FICERS AND DIRECTO	RS	11.		ADDITIONS/CHA	NGES TO OFFIC	EBS AND	DIRECTOR	S IN 11
TITLE	OP		☐ Delete	TITLE	45	0.0		21.10.11.10	☐ Change	Addition
NAME STREET ADDRESS	KNOX, TIMOTHY 2001 NW 45TH ST			NAME	KNO	x APRIL				1
CITY-ST-ZIP	OAKLAND PARK FL 3	3309		STREET AL	ZIP ZIP	x April 1 You yet	G 37	5309		
TITLE	-		☐ Delete	TITLE		-THUD A L	, 4.0.00	,	☐ Change	Addition
NAME				NAME					U Griange	
STREET ADDRESS CITY-ST-ZIP				STREET AL	· •					
TITLE			☐ Delete	TITLE		7.	-		☐ Change	- Addition
NAME —	· -	-		∠NAME -		*~	estimate de la companya de la compa	_	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STREET AC	DDRESS			rs,		
TITLE				CITY-ST-						
NAME					ZIP					
STREET ADDRESS		- 10 mg.:	☐ Delete	TITLE	ZIP	-			☐ Change	☐ Addition
			☐ Delete			<u>.</u> .		-	☐ Change	Addition
CITY-ST-ZIP			☐ Delete	TITLE	DRESS			<u>.</u>	☐ Change	Addition
TITLE			☐ Delete	TITLE NAME STREET AD CITY-ST-2	DRESS				☐ Change	☐ Addition
TITLE NAME				TITLE NAME STREET AD CITY-ST-2 TITLE NAME	idress Zip				<u>.</u>	
TITLE				TITLE NAME STREET AD CITY-ST-2	idress Zip Dress				<u>.</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		,		TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET AD	idress Zip Dress			.,,2	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	,	□ Delete	TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET AD CITY-ST-Z	IDRESS DRESS IP		·	.,,2	<u>.</u>	Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if chapter 607, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

63 16