

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017561

1. Entity Name
AUTO ENHANCERS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90115 017 ***150.00

Principal Place of Business Mailing Address
220 N. TUTTLE AVE., STE. B 220 N. TUTTLE AVE., STE. B
SARASOTA FL 34237 SARASOTA FL 34237-5229



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1404 59th Avenue E. **358 Whitfield Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 4

City & State City & State
Bradenton Florida **Sarasota, FL 34243**

4. FEI Number Applied For
65-0902180 Not Applicable

Zip Country Zip Country
34205 **USA** **34243** **USA**

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

6. Name and Address of Current Registered Agent
~~FRIDSHAL, JOAN
220 N. TUTTLE AVE., STE. B
SARASOTA FL 34237~~ **DELETE**

7. Name and Address of New Registered Agent
Name **Les Gardi CPA**
Street Address (P.O. Box Number is Not Acceptable)
7061 C S. Tamiami Trail
City **Sarasota** FL Zip Code **34231**

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 **Les Gardi** *[Signature]* **1/28/00**
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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSAL, KRISTEN	NAME	KRISTEN MESSAL
STREET ADDRESS	220 N. TUTTLE AVE., STE. B	STREET ADDRESS	358 Whitfield Avenue
CITY-ST-ZIP	SARASOTA FL 34237	CITY-ST-ZIP	Sarasota, FL 34243
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEURY, TIMOTHY	NAME	Timothy Beury
STREET ADDRESS	220 N. TUTTLE AVE., STE. B	STREET ADDRESS	358 Whitfield Avenue
CITY-ST-ZIP	SARASOTA FL 34237	CITY-ST-ZIP	Sarasota, FL 34243
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **Timothy L Beury** **2/17/2000** **941-755-8295**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E034 (9/99)