

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**  
 02-19-2001 90056 022 \*\*\*150.00

0416108

**DOCUMENT # P99000017561**

1. Entity Name  
**AUTO ENHANCERS, INC.**

Principal Place of Business <b>1404 59TH AVE E          STE # 4          BRADENTON FL 34205</b>	Mailing Address <b>358 WHITFIELD AVE          SARASOTA FL 34243</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1768 10th way</b>	3. Mailing Address
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Suite, Apt. #, etc. <b>Suite B</b>	Suite, Apt. #, etc.
City & State <b>Sarasota FL</b>	City & State

4. FEI Number <b>65-0902180</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34236</b>	Country <b>USA</b>	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GARDI, LEE CPA  
 7061 C S TAMiami TRAIL  
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MESSAL, KRISTEN</b>	
STREET ADDRESS	<b>358 WHITFIELD AVENUE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BEURY, TIMOTHY</b>	
STREET ADDRESS	<b>358 WHITFIELD AVENUE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
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	<b>N</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Beury, Kristen</b>	
STREET ADDRESS	<b>358 Whitfield Ave</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34243</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Beury, Timothy</b>	
STREET ADDRESS	<b>358 Whitfield Ave</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34243</b>	
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		

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: Timothy L Beury president 2/7/01 941-954-3871  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)